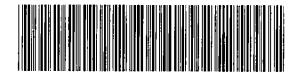
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(Address)						
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PICK-UP WAIT MAIL						
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 135478 7 8346753

AUTHORIZATION : Cypuble man

COST LIMIT : \$ 25.00

ORDER DATE: November 16, 2023

ORDER TIME : 10:31 AM

ORDER NO. : 135478-014

CUSTOMER NO: 8346753

CHANGE OF AGENT

NAME: PHOBRO LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company:	;			
2	(a)		,1	2)		
í.	(<i>a)</i>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1	Mailing a	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) COLLINS AVE. APT. 706	
		19111 COLLINS AVE. APT. 706				
		SUNNY ISLES BEACH, FL 33160		SUNNY ISLES B	EACH, FL 33160	
		01/24/2022		L22000061854		
3.		Date of filing/registration in Florida	4.	Docum	ent number	
5.	(a)					
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
		GENGER, ARIE				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			## # # ##	
		19111 COLLINS AVE. APT. 706			PERE PAR	
		SUNNY ISLES BEACH	33160		and the same of th	
	(b)					
Enter name of NEW Registered Agent and/or NEW Registered Office address:					<u> </u>	
	Corporation Service Company					
	NEW Registered Office Address:					
1201 Hays Street						
						
		Tallahassee, F	L_32301			
chage wa	ange ent w is/we	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere liability co of the lim	ed office and the bus impany, it is hereby lited liability compa	siness office of the registered confirmed that the change(s)	
	,	/s/ Jill Cilmi	Jill (Cilmi, Authorized Pe	erson	
Signature of a member or authorized representative of a member				Printed or typed name of signee		
pro the to	ovisie vobli mere	y accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet gations of my position as registered agent as provid ly reflect a change in the registered office address, l I in writing of this change.	agree to act in this capacity. I further agree to comply with the ete performance of my duties, and I am familiar with and accept ided for in Chapter 605, F.S. Or, if this document is being filed . I hereby confirm that the limited liability company has been			
		Drace Cokuble	GRA	CEEKIKBY, ASS	ST. VICE PRESIDENT	
Siį	gnatur	e of Registered Agent				