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Division of Corporations

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Fax Number : (850)617-6383

## From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*tEnter the email address for this business entity to be used for future iannual report mailings. Enter only one email address please.\*\*;

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## LLC REGISTERED AGENT CHANGE TREMISSE CAPITAL LLC

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## 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	t.  me of the limited liability company:	Tremisse	Cap	ital LL	С				
2. (a) j	, ,		(1	1)					
(a) <sub>.</sub>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			(b)					
	7901 4th St N STE 300			7901 4	th St N STE	300			
	St. Petersburg FL 33702		<del></del>	St. Peter	sburg FL 3370	02			
3.	Date of filing/registration in	Florida	4.		Document numb	er			
5. (a)	EID, TIM								
, <b>(4</b> )	Registered Agent and Registered Office show	on the records of i	he Floridi	i Dept. of State	, ,				
	Registered Office Address (MUST BE F	LORIDA STREET A	ADDRESS	<u>U</u>					
	ТАМРА	Fl.	3361	5	·	٠	2		
(b)	Northwest Registere	d Agent L	.LC				2023 H+3		
, ,	Enter name of NEW Registered Agent and/	or NEW Registered	Office ad	dress:			အ် ယ	_	
	7901 4th St N						3 AH	; ·	
	NEW Registered Office Address					· ( ,	جَب		
	STE 300					·	t.		
	St. Petersburg	, FL	33702	2					
the char agent w was/we the artic	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a lare authorized by an affirmative vote ocles of organization or the operating a	street address of Florida limited lig of the members o agreement of the	the regi shility co f the lin	stered office ompany, it is nited liability	and the business hereby confirmed company or as o	office : ed that t	of the ro he chan	egistered ige(s)	
11	ure of a member or authorized representative		Na	t Smith					
Signat	ure of a member or authorized representative	of a member			Printed or typed nar	me of sign	iee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

Taylor Newman - Assistant Secretary

Signature of Registered Agent