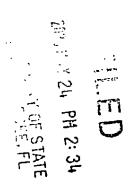
## L22000505007

| (Red                      | questor's Name)  |             |
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| Certified Copies          | Certificate      | s of Status |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

|                             |              | ACCOUNT NO.      | :           | 12000000   | 0195    |         |
|-----------------------------|--------------|------------------|-------------|------------|---------|---------|
|                             |              | REFERENCE        | :           | 755470     | 8397240 |         |
| AUTHORIZATION<br>COST LIMIT |              | :                | SI WAY      | enan       |         |         |
|                             |              | COST LIMIT       | ;<br>:      | \$ 25.00   | e rece  | <b></b> |
| ORDER :                     | DATE :       | May 17, 2023     |             |            |         |         |
| ORDER '                     | TIME :       | 11:18 AM         |             |            |         |         |
| ORDER :                     | NO. :        | 755470-073       |             |            |         |         |
| CUSTOM:                     | ER NO:       | 8397240          |             |            |         |         |
|                             | <del>-</del> |                  |             | . <b></b>  |         |         |
|                             |              | CHANGE OF A      | <u>AGEN</u> | <u>1T</u>  |         |         |
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|                             |              |                  |             |            |         |         |
|                             | NAME:        | LRPASSUS LLC     |             |            |         |         |
|                             |              |                  |             |            |         |         |
| PLEASE                      | RETURN       | THE FOLLOWING AS | 3 PF        | ROOF OF FI | LING:   |         |
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EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

## 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.

| . (a)                    | RUA CONSELHEIRO DANTAS, 76 GUARATINGGUETA                                                                                                                                                                                                                                                           |                             | RUA C                                   | ONSELHEIRO DANTAS, 76 GUARATINGGUETA                                                                                          |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
|                          | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)                                                                                                                                                                                                              | _                           |                                         | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)                                                  |
|                          | SP, CEP 12.502-130                                                                                                                                                                                                                                                                                  | -<br>-                      | SP, CE                                  | EP 12.502-130                                                                                                                 |
|                          | 12/05/2022                                                                                                                                                                                                                                                                                          |                             | L22000                                  | 505007                                                                                                                        |
| •                        | Date of filing/registration in Florida                                                                                                                                                                                                                                                              | 4.                          |                                         | Document number                                                                                                               |
| . (a)                    | REGISTERED AGENTS INC.                                                                                                                                                                                                                                                                              |                             |                                         |                                                                                                                               |
| (=/                      | Registered Agent and Registered Office shown on the records of the                                                                                                                                                                                                                                  | e Flori                     | da Dept, of S                           | State:                                                                                                                        |
|                          |                                                                                                                                                                                                                                                                                                     |                             |                                         | 707                                                                                                                           |
|                          | Registered Office Address (MUST BE FLORIDA STREET AL                                                                                                                                                                                                                                                | DRE                         | <u>SS)</u>                              |                                                                                                                               |
|                          | 7901 4TH ST N, STE 300                                                                                                                                                                                                                                                                              |                             |                                         |                                                                                                                               |
|                          | ST. PETERSBURG . FL 3:                                                                                                                                                                                                                                                                              |                             |                                         |                                                                                                                               |
| (b)                      |                                                                                                                                                                                                                                                                                                     |                             | _                                       | 24 PM 2: 34                                                                                                                   |
|                          | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>                                                                                                                                                                                                                            | ffice                       | address:                                | LE 34                                                                                                                         |
|                          | Corporation Service Company                                                                                                                                                                                                                                                                         |                             |                                         |                                                                                                                               |
|                          | NEW Registered Office Address:                                                                                                                                                                                                                                                                      |                             |                                         | <u> </u>                                                                                                                      |
|                          | 1201 Hays Street                                                                                                                                                                                                                                                                                    |                             |                                         | <u> </u>                                                                                                                      |
|                          | Tallahassee FL 3                                                                                                                                                                                                                                                                                    | 2301                        |                                         |                                                                                                                               |
| iange<br>gent w<br>as/we | mited liability company is not organized under the laws or changes are made, the Florida street address of the restill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line | egiste<br>ility (<br>the li | red office<br>company, i<br>mited liabi | and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in |
| S/ Luc                   | as Barbosa Passos                                                                                                                                                                                                                                                                                   | Lu                          | icas Barbo                              | sa Passos, Manager                                                                                                            |
| Signat                   | ure of a member or authorized representative of a member                                                                                                                                                                                                                                            |                             |                                         | Printed or typed name of signee                                                                                               |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President