Division of Corporations

Florida Department of State 230 Pivilaion of Corporation of Corp

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE **BUSHIDO SEVEN L.L.C.**

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3/8/2024 10:18 16 PST . To. 18506176383 Page 2/2 Fax: 8134365206

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 Standes, 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.

)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company (Note: MAY BE POST OFFICE BON)
01/0	9/23		0019438
	Date of filing/registration in Florida	4.	Document number
}	IBUSINESS INC.		
-	stered Agent and Registered Office shown on the records	of the Florida Dept, o	of State:
_ :	E. COLLEGE AVE.		25 2
-	istered Office Address <u>(MUST BE FLORIDA STREE</u>	T ADDRESS)	2024 HAR -
SU	ITE 301		
TAL	LAHASSEE	FL_32301	AHA
	stered Agents Inc		SSE P
Enter	r name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:	**
790	1 4th St N		4.L
NEV	W Registered Office Address:		
STE	<u> </u>		
St. I	Petersburg	33702 FL	
ange o will b ere at icles o	d liability company is not organized under the lor changes are made, the Florida street address is identical. Or, in the case of a Florida limited athorized by an affirmative vote of the members of organization or the operating agreement of the street of	of the registered of liability company s of the limited lia	office and the business office of the regis y, it is hereby confirmed that the changets ability company or as otherwise provided y company.
	famember of authorized representative of a member		Printed or typed name of signee
Ruteret			contained a representative or regimen

- Assistant Secretary

David Roberts

Signature of Registered Agent