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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (813)436-5206

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## LLC REGISTERED AGENT CHANGE SG ADVISORY GROUP LLC

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K. SALY

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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.

L. Na	ame of the limited liability company:	GROUP LLO	C					
2. (a)		(þ)	<b>)</b>					
	• Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of timited liability company: (Note: MAY BE POST OFFICE BOX)				
i ij	- App.	<del></del>						
7 ) 1* *Y	02/27/24	l	_240001012	283				
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)	URBAT, CHRISTIAN							
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Registered Office Address <u>GMUST BE FLORIDA STREE I</u>	- 200 TA						
	3312 W GRANADA ST			ici A				
	TAMPA , F	L <sup>33629</sup>		TALLAHASS				
(b)	Registered Agents Inc							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	- F16						
Pr G to B	7901 4th St N			AM 4: 34 EEFLORID				
76 */	NEW Registered Office Address:			<del>-</del>				
•	STE 300		_	_				
1 1	St. Petersburg	, 33702						
the cha agent v was/we the arti	imited liability company is not organized under the latinge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the form of a member or authorized representative of a member	of the regist iability control of the limited li	tered offic npany, it i ted liabilit	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in				
I herei provisi the obl	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If in writing of this change.  David Roberts - Assistant S	e performa ed for in C hereby co	in this cap nce of my hapter 60, nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been				
	re of Registered Agent	Journal y						

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