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To:

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

ter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

| LLC REGISTERED AGENT O | HANGE |
|------------------------|-------|

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PEEK PERFORMANCE LLC

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Sep 10, 2025 06;19 , To: -18506176383 Page: 2/2 Fax: 18134365206

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.

| 1 100 100 | "Peek Perform | nance L | .LC | |
|--|---|---|--|---|
| 1. N | ame of the limited liability company: | | | |
| 2. (a) | | (1 | b) | |
| (, | Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) 7901 4th St N STE 300 | , | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) th St N STE 300 |
| | St. Petersburg FL 33702 | | St. Pete | ersburg FL 33702 |
| | 05/08/25 | | L250002 | 19069 |
| 3. | Date of filing/registration in Florida | — 4. | | Document number |
| 5. (a) | ENTITY PROTECT RA SERVICES | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | f the Florid | la Dept. of Sta | nte: |
| | 625 E TWIGGS ST. STE 110-A | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | "ADDRES. | <u>S)</u> | |
| | | | | _ |
| | TAMPA | ւ_3360 | 2 | - - 28 |
| (b) | Registered Agents Inc | | | 2025 SEP TO AT |
| (07) | Enter name of NEW Registered Agent and/or NEW Registered | d Office ac | idress: | |
| | 7901 4th St N | | | |
| | NEW Registered Office Address: STE 300 | | | - 8: 30 |
| | St. Petersburg | 33702 L | | |
| the cha agent v was/w the art | limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the reginability control of the line e limited | istered offic ompany, it nited liabili | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. |
| ارس) Signa | sture of a member or authorized representative of a member | | | Printed or typed name of signee |
| I here provis the ob | by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid- ely reflect a change in the registered office address. If in writing of this change. | e perforn led for in | sance of my Chapter 60 | pacity. I further agree to comply with the duties, and I am familiar with and accep 15, F.S. Or, if this document is being filed the limited liability company has been |
| Signate | ire of Registered Agent | | | |