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O SIMMON: APR 2 8 2022 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 639017 7989872 AUTHORIZATION COST LIMIT : ORDER DATE: April 26, 2022 ORDER TIME : 2:23 PM ORDER NO. : 639017-023 CUSTOMER NO: 7989872 CHANGE OF AGENT NAME: DIVERSANT LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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. N	ame of the limited liability company: DIVERSANT, LLC				
2. (a)		(b)_			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	331 Newman Springs Road Building 3, 2nd Floor, Suite 350	331 Newman Springs Road Building 3, 2nd Floor, Suite 35			
	Red Bank, NJ 07701	Red Bank, NJ 07701			
	02/02/2010	M1	0000000461		
3.	Date of filing/registration in Florida	4.	Document number	 г	
5. (a)					
()	Registered Agent and Registered Office shown on the records of the	Florida De	ot. of State:		
	COGENCY GLOBAL INC.				
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	_ 	20: SE	
	115 North Calhoun Street Suite 4			TACR	
	Tallahassee, FL_3:	2301		2022 APR 27 AH 7: 24 SECRETARY OF STAT TALLAHASSEE, FL	
				ASS	
(b)	Enter name of NEW Registered Agent and/or NEW Registered O	er 11		AM 7: 24 OF STAT SSEE, FL	
	Enter fame of NEW Registered Agent and/or NEW Registered O	mce addres	<u>S</u> :	7: 2 STA , FI	
	Corporation Service Company			' H +	
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee 53	2301			
	, FL 3.		_		
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liabilities are authorized by an affirmative vote of the members of the scless of organization or the operating agreement of the line	gistered o lity compa he limited	ffice and the business offic any, it is hereby confirmed Tiability company or as ot	ce of the registered that the change(s)	
/s/R	<u>lajiv</u> Sardana	Rajiv Sa	ardana, Authorized Person	1	
	ture of a member or authorized representative of a member		Printed or typed name	e of signee	
provisi the obl to mer i	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per igations of my position as registered agent as provided for ely reflect a change in the registered office address, I her d in writing of this change.	to act in t rformance or in Chap eby confir	his capacity. I further agr of my duties, and I am far ner 605, F.S. Or, if this do m that the limited liability	ee to comply with the niliar with and accept ocument is being filed company has been	
Ţ	lace Cokubi				

Grace E. Kirby, Asst. Vice President
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
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