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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	MAIL MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

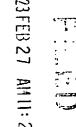
Office Use Only

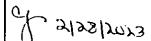


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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 521711 8403127 AUTHORIZATION : COST LIMIT : ORDER DATE: February 23, 2023 ORDER TIME : 1:11 PM ORDER NO. : 521711-007 CUSTOMER NO: 8403127 CHANGE OF AGENT NAME: INTELLIGENT TECHNICAL SOLUTIONS, 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.	Name of the limited liability company: INTELLIGENT	TECHNO	LOGY SO	LUTIONS I, LLC	
2. (a					
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
	2880 MEADE AVENUE #350 STE		9450 SV	V GEMINI DR PMB 73938	
	LAS VEGAS, NV 89102	<u> </u>	BEAVER	ZERTON, OR 97008-7105	
	03/24/2022		M220006	004490	
3.	Date of filing/registration in Florida	4.		Document number	
5 (
5. (a)					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2023 F	
	155 OFFICE PLAZA DRIVE				
	TALLAHASSEE . FL	32301		1023 FEB 27	
(b	Enter name of NEW Registered Agent and/or NEW Registered Office add Corporation Service Company				
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee, FI	32301			
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the /S/ Thomas C. Andrulis	registere ability co of the lim limited li	d office ar mpany, it ited liabili ability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
I her provi the oi to me notifi	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. It ed in writing of this change.			.,	