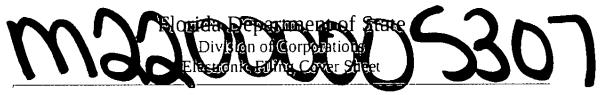
Division of Corporations



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(((H25000011364 3)))



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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

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

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1/9/2025 13:28:41 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 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. 8	Name of the limited liability company:TH FLORIDA X L	LC	
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)
		- -	
	04/07/2022	M22	2000005307
3.	Date of filing/registration in Florida	4.	Document number
5. (a	COGENCY GLOBAL INC.		
<i>5.</i> (a)	Registered Agent and Registered Office shown on the records of		
	115 N CALHOUN ST. SUITE 4		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2025
	TALLAHASSEE , FL	32301	2025 JAH -9
(b)	, FL	·	
	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	7901 4th St N		$\sum_{i=1}^{n} \omega_{i}$
	NEW Registered Office Address:	-	
	STE 300		
	St. Petersburg	33702	
the ch agent was/v the ar	timited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registere ability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
Sign	nature of a member or guithorized representative of a member		Printed or typed name of signee
I her provi the ob to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change. David X Doets O David Robens - Assistant Science.	performance d for in Chap hereby confii	his capacity. I further garee to comply with the

Signature of Registered Agent