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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 : (813)436-5206

Fax Number

Enter the email address for this business entity to be used for future

Ecannual report mailings. Enter only one email address please.** පිළිEmail Address:_

LLC REGISTERED AGENT CHANGE NEW VENTURE ADVISORS LLC

| Certificate of Status | |
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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.

| 1. N | ame of the limited liability company: NEW VENTURE | ADVISORS LL | C | | | _ |
|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------|--------|
| 2. (a) | | | Mailing address of limited | d liability (una | | _ |
| | (Note: MUST BE STREET ADDRESS) | | (Note: MAY BE POST | • | | _ _ |
| | 05/13/2024 | M24000 | 0007137 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | • | |
| 5. (a | ABIGAIL PERRET-GENTIL, GRACE GROWS INC. | | | | | |
| J. (a | Registered Agent and Registered Office shown on the records of t | the Florida Dept. of | State: | | | |
| | 10710 NW 215 LN RD | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | | | |
| | | | | 2.63 | 20: | |
| | MICANOPY FL | 32667 | | - 등 발품 | 24 Ju | |
| (b) | NORTHWEST REGISTERED AGENT LLC | | | TARY IASSE | 2024 JUL -3 | Ī |
| (**) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address: | | Ţ유 - | > | Γ |
| | 7901 4TH ST N | | | STATE LORID. | AM IO: 3 | C |
| | NEW Registered Office Address: | | | | _ | |
| | STE 300 | | <u> </u> | | | |
| | ST. PETERSBURG, FL | 33702 | | | | |
| chang agent was/w | limited liability company is not organized under the law te or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registered office bility company, f the limited liab | e and the business office it is hereby confirmed the oility company or as other | of the registant the chan | tered gc(s) | e |
| | ature of a member of authorized representative of a member | Nat Smith | | | | |
| Sign | ature of a member of authorized representative of a member | | Printed or typed name o | of signee | | _ |
| provis the of to me | eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change. | ce to act in this operformance of a left for in Chapter wereby confirm to | capacity. I further agree my duties, and I am fami 605, F.S. Or, if this doc hat the limited liability co | to comply liar with an ument is be ompany has | with the d accep ing filed : been | 1 |
| سر المساق | Taylor Newman | | | | | |