**Current Principal Place of Business:**
200 2ND AVENUE SOUTH
SUITE 358
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

**Current Mailing Address:**
200 2ND AVENUE SOUTH
SUITE 358
ST. PETERSBURG, FL 33701

**New Mailing Address:**

**Name and Address of Current Registered Agent:**
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

---

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

<table>
<thead>
<tr>
<th>Electronic Signature of Registered Agent</th>
<th>Date</th>
</tr>
</thead>
</table>

**OFFICERS AND DIRECTORS:**

<table>
<thead>
<tr>
<th>Title</th>
<th>( ) Delete</th>
<th>Name</th>
<th>Address</th>
<th>City-St-Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td>( ) Change ( ) Addition</td>
<td>Name</td>
<td>Address</td>
<td>City-St-Zip</td>
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</tr>
</tbody>
</table>

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

<table>
<thead>
<tr>
<th>Electronic Signature of Signing Officer or Director</th>
<th>Date</th>
</tr>
</thead>
</table>

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**FEI Number:** 20-0049703
**Name and Address of Current Registered Agent:**
CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

**Certificate of Status Desired:**