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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 : (855)330-1010

 $\mathcal{L}^*$ \*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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## LLC REGISTERED AGENT CHANGE **ALM TRADERS LLC**

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T. LEMIEUX

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY, $\dot{\epsilon}$

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: ALM	IRAL	DERS	LLG
2. (a)		(b)	
Principal office address of limited liability con (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
11/05/2021			L21000479968
3. Date of filing/registration in Florida	<u> </u>	4.	Document number
5. (a) LEGALINC CORPORATE SERVIC Registered Agent and Registered Office shown on the 476 RIVERSIDE AVE.	records of the		
Registered Office Address (MUST BE FLORIDA	STREET ADI	<u>DRESS)</u> 	2022 0
JACKSONVILLE	, FL	32202	DCT 14 P
(b) Registered Agents Inc Enter name of NEW Registered Agent and/or NEW 1 7901 4th St N	Registered Of	fice address:	2022 OCT 14 PH 1: 12
NEW Registered Office Address:			
STE 300			
St. Petersburg	, FL_3:	3702	
If the limited liability company is not organized und the change or changes are made, the Florida street a agent will be identical. Or, in the case of a Florida I was/were authorized by an affirmative vote of the m the articles of organization or the operating agreement	ddress of th limited liabi tembers of t	e registered lity compar he limited l	l office and the business office of the registere
Rilly Role			Riley Park
Signature of a member or authorized representative of a mem			Printed or typed name of signee
I hereby accept the appointment as registered agen provisions of all statutes relative to the proper and other the obligations of my position as registered agent as to merely reflect a change in the registered office ac notified in writing of this change.	complete pe s provided f ddress, I hei	rformance of the confirmation of the confirmat	is capacity. I further agree to comply with the of my duties, and I am familiar with and acceper 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signature of Registered Agent	Assistant S	Secretary	