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From: David Thoma

From: David Thoma

oage, 3 of 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	is submitted for a corporation organ	2, 607.1508, or 617.1508, Florida Statutes ized under the laws of the State of <mark>Delawa</mark> ered agent, or both, in the State of Florida	<u></u>	_	
1. The name of the c	orporation9520 Chesapeako Drive, St	site 606			
Z. The principal other	San Diego, CA 92123			_	
3. The mailing addre	ess (if different):				
4. Date of incorporat	tion/qualification: 02/23/2015	Document number: F16000000841			
5. The name and stro		gent and registered office on file with the			
cn	NOTTI LLP				
66	66 WEST FLAGLER, SUITE 1002 MIAMI, FL 33130				
— MI	AMI, FL 33130		711	1	•
6. The name and stro (if changed):	eet address of the new registered age	nt (if changed) and for registered office		ა ა	
С	T Corporation System		<u> </u>	<u> </u>	-12
12	00 South Pine Island Road		73 P	л S	
_	PO Bo	e NOT acceptable			
	antation, Florida 33324				
The street address of as changed will be	of its registered office and the street identical.	address of the business office of its regis	stered ag	ent,	
Such change was a authorized by the b	nthorized by resolution duly adopte to the corporation has been not be corporation has been not be the corporation has been not been not be the corporation has been not been not been not be the corporation has been not been not been not be the corporation has been not	d by its board of directors or by an office office in writing of the change.	1 80		
Signature of	en afficer er directes	Must hum say	16	(i)U	Ŋ.~
I hereby accept the I further agree to c of my duties, and I document is being corporation has be	appointment as registered agent at comply with the provisions of all sta- am familiar with and accept the ob- filed merely to reflect a change in the en notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and complete livation of my position as registered ager he registered office address, I hereby con e.	perform it. Or, if firm that	ance this t the	
C T Corporation Sy	stein See Chuin	2/20/2023			
Signatu	ie of Registered Agent	Date			
If signing on behal	f of an entity:				
SEAN L. EMERICI	K, ASSISTANT SECRETARY				
Турес	d or Printed Name				
		TCE: \$35.00 * * *			
Ман	MAKE CHECKS PAYABLE TO FL. TO: DIVISION OF CORPORATIONS,	lorida Department of State P.O. Box 6327, Tallahasser, FL 32314	;		

CR2F045 (04/13)

By: