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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE FORMULATEDBY, LLC

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THE MIEUX APR 1 0 2023

## 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 subnuts 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: FORMULATE	DBY, LL	C				
` `	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ , , , ,	Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	01/25/2017	_ L	17000020178				
3.	Date of filing/registration in Florida	4.	Document i	number			
5. (a	ANISIN, ANNA						
,	Registered Agent and Registered Office shown on the records of the	he Florida D	ept. of State:				
	4744 NE 1st Court						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)					
	Miami , FI.	33137	······································	<b>5</b>	2023 AFR		
(b	Registered Agents Inc				:D>		
(1)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>55</u> :		P - 7		
						<u>.                                    </u>	
	7901 4th St N			-	PH	_	
	NEW Registered Office Address:			15. 5 15. 5	<del>∵</del> ω		
	STE 300			•.	F		
	St. Petersburg , FL	33702					
the chagent was/v the ar Sign I her provi the old to me	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liakere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the law law accept the appointment as registered agent and agreeing a listatutes relative to the proper and complete or sold and complete of the proper and complete or th	the registe shility com f the limited lia Robit	red office and the bus pany, it is hereby con ed liability company o bility company.  1 Jones Printed or type to this capacity. I furt	siness office of that that the second in the	of the the cha se prov	registered nge(s) vided in	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 **FILING FEE: \$25.00** 

Intel Course David Roberts - Assistant Secretary

Signature of Registered Agent