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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 Phone : (302)674-4089 fax Number : (302)674-5266

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: dmv@potamkinfamily.com

JUN 25 AM

## REGISTERED AGENT CHANGE POT/KIM LTD.

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

|  | -  |   | 2, 607.1508, or 617.1508<br>ized under the laws of the   | •                       | this                                   |
|--|--|---|--|-------------------------|--|
|  | -  |   | ered agent, or both, in the  | -                       |  |
| 1. The name of   | the corporation: POT/K   | ODM Ltd.  |  |                         |  |
|  | l office address: 5800 N   |   |  |                         |  |
| 3. The mailing   | address (if different):  |   |  |                         |  |
|  |  |   | Document number.   |                         |  |
| 5. The name an<br>Florida Depa   | d street address of the cu<br>rtment of State: (If resig   | urrent registered a<br>med, enter resigne   | gent and registered office<br>d)   | on file with the        |  |
|  | David Yusko  |   |  |                         |  |
|  | 5800 NW 171st Street   |   |  |                         |  |
| •  | Mismi, Fl 33015  |   |  |                         |  |
| 6. The name an<br>(if changed):  | d street address of the ne   | ew registered agen  | it (if changed) and /or reg  | istered office          |  |
|  | NRAI Services, Inc.  |   |  | _                       |  |
|  | 1200 South Pine Island   | Road  | ····· × <del>•</del> ·   | <del></del> -           |  |
|  | Plantation, Florida 3332   |   | NOT acceptable   |                         |  |
| The street address changed will  | ess of its registered office<br>be identical.  | ce and the street a   | ddress of the business o   | ffice of its register   | red agent,                             |
| Such change was  | as authorized by resolut<br>as board, or the corpora   | tion duly adopted<br>tion has been not  | by its board of directors itsed in writing of the ch   | or by an officer sange. | o                                      |
| Joh  | Rhde   |   | John Rhodes, VP  |                         |  |
| I hereby accept<br>I further agree t<br>of my duties, an<br>document is bei<br>corporation has | the appointment as reg<br>the appointment as reg<br>to comply with the provi<br>d I am familiar with an<br>ng filed merely to reflec<br>been notified injuriting | istered agent and<br>isions of all statu<br>d accept the oblig<br>ct a change in the<br>g of this change. | ogree to act in this cape<br>tes relative to the proper<br>pation of my position as t<br>registered office address |                         | formaries<br>Or if this<br>in that the |
| NRAI Services,   | in fath  |   | 6/23/2021  |                         | ÷ ~                                    |
| _  | nature of Registered Agent   |   | Dete   |                         |  |
| If signing on be   | half of an entity:   |   |  | 1. C                    | - <b>-</b> -                           |
| <u>lath</u>  | (setto   |   |  | A A                     | 10:37                                  |
| т  | ped or Printed Name  |   |  | ਹੈਂ ਂ                   | 17                                     |

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