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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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## REGISTERED AGENT CHANGE TTDEV HOLDING, INC.

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

Pursuant to the	provisions of sections 607.0502, 617.05	502, 607.1508, or 617.1508, Florida Statutes, this
		unized under the laws of the State of <u>DELAWARE</u>
in orde	er to change its registered office or regis	stered agent, or both, in the State of Florida.
1. The name of	the corporation: TTDEV HOLDIN	NG, INC.
	office address: 1149 PERIWINKLE	
SANIBEL, FL		
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 2/18/2020	Document number: F2000001044
	d street address of the current registered rument of State: (If resigned, enter resign	agent and registered office on file with the ned)
	SPENSERV, INC.	
	201 N. FRANKLIN ST., SUITE 21	7AL TAL
	TAMPA, FL 33602	8 1 3
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered office
	Capitol Corporate Services, Inc.	PAI O
	515 East Park Avenue 2nd Fl	
P.O. Box NOT acceptable		
	Tallahassee, FL 32301	
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its registered agent,
Such change wi	as authorized by resolution duly adopte board, or the corporation has been n	ed by its board of directors or by an officer so octified in writing of the change.
Pa	-1 J. Hanley	Paul J. Hanley Authorized Agent
Signatii	re of an ornicer or director	Printed or typed name and bile
I hereby accept I further agree : of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta ed I am familiar with and accept the ob ng filed merely to reflect a change in t s been notified in writing of this chang	nd agree to act in this capacity, tutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.
3	in Brelieti	2/6/2024
Sig	nature of Registered Agent	Date
If signing on be	half of an entity:	
	i, Assistant Secretary on behalf of	Capitol Corporate Services, Inc.
•	•	EE: \$35.00 * * *
	· -	
M		ORIDA DEPARTMENT OF STATE P.O. BOX 6327, TALLAHASSEE, FL 32314