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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

| Email | Address: | | | |
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| Lingal | MUULESS. | | | |

REGISTERED AGENT CHANGE RMW ACCOUNTING, INC.

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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Electronic Filing Menu Corporate Filing Menu

Help

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

| statement of ch | ange is submitted for a corporation o | 7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida |
|---------------------------------|---|---|
| | the corporation: RMW ACCOUN | • |
| 2. The principa | office address: 7901 4th St N S | |
| | | N STE 300 St. Petersburg FL 33702 |
| | poration/qualification: 10/01/2020 | |
| 5. The name an | | ered agent and registered office on file with the |
| | CORPORATION SERV | ICE COMPANY |
| | 1201 HAYS STREET | |
| | TALLAHASSEE, FL 323 | 301 |
| 6. The name an (if changed): | d street address of the new registered | agent (if changed) and /or registered office |
| | Northwest Registered A | gent LLC |
| | 7901 4th St N STE 300 | |
| | St. Petersburg FL 33702 | O. Box NOT acceptable |
| The street address changed will | ess of its registered office and the s | treet address of the business office of its registered agent, |
| Such change wanthorized by t | as authorized by resolution duly ad he board, or the corporation has bee | opted by its board of directors or by an officer so en notified in writing of the change. |
| | and Lavina | Richard Lavina - CEO |
| = | | nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the ange. |
| -/F-N- | | 12/5/2024 |
| Sig | nature of Registered Agent | Date |
| If signing on bo | chalf of an entity: | |
| Taylor Nev | VMAN | |
| ' | | G FEE: \$35.00 * * * |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL 10: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)