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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION COST LIMIT ORDER DATE : 02/09/2024 ORDER TIME : ORDER NO. : CUSTOMER NO: CHANGE OF AGENT NAME: Inspecs U.S.A., L.C. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY _ ✓ __ PLAIN STAMPED COPY CONTACT PERSON: ALEXXIS WEILAND-SORENSON

EXAMINER'S INITIALS:

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 submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)	Name of the limited liability company: MSFECS 0.3.A., to 30798 US Hwy 19 N			(b) 30798 US Hwy 19 N		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(O)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Suite A			Suite A		
	Palm Harbor, FL 34684		_	Palm Harbor, FL 34684		
	December 28, 2001		L	_01000022765		
3.	Date of filing/registration in Florida	4.	_	Document number		
5. (a)	Wright, Vincent					
J. (L)	Registered Agent and Registered Office shown on the records	ot the Floric	da D	Dept. of State:		
(b) .	30798 US Hwy 19 N					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Suite A					
	Palm Harbor	34684 FL_	4			
	Carry Carry D. Land J. Carry D.					
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	<u>aar</u>			
	Corporation Service Company			•••		
	NEW Registered Office Address:					
	1201 Hays Street					
	Tallahassee	32301				
16 de a 13	Construct that the construction of the constru		_			
change	mited liability company is not organized under the l or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited	ie register	rcd	office and the business office of the registered		
was/we	ere authorized by an affirmative vote of the members cles of organization or the operating agreement of th	s of the lin	nite	ed liability company or as otherwise provided in		
/s/	Michael Pasnello	Mic	cha	ael Pasnello, Authorized Person		
Signat	ure of a member or authorized representative of a member			Printed or typed name of signce		
provisie the obli to mere	oy accept the appointment as registered agent and agons of all statutes relative to the proper and complet igations of my position as registered agent as provid by reflect a change in the registered office address, the Vin writing of this change.	gree to act le perform led for in G I hereby c	t in and Cha onf	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		

Lindsey M. Lockard, Assistant Vice President on behalf of Corporation Service Company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00