## W2 00024181

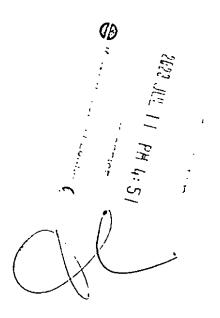
| (Requestor's Name)         |                         |          |  |  |
|----------------------------|-------------------------|----------|--|--|
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| <del></del> ,,             | N d d \                 |          |  |  |
| ٩)                         | Address)                |          |  |  |
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| (Address)                  |                         |          |  |  |
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|                            |                         |          |  |  |
| (0                         | City/State/Zip/Phone #) | _        |  |  |
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| PICK-UP                    | MAIT                    | MAIL     |  |  |
| _                          | <del>_</del>            |          |  |  |
|                            |                         |          |  |  |
| (E                         | Business Entity Name)   |          |  |  |
|                            |                         |          |  |  |
| 15                         | Da ayıma ant Miyash anı |          |  |  |
| (t                         | Document Number)        |          |  |  |
|                            |                         |          |  |  |
| Certified Copies           | Certificates of         | f Status |  |  |
|                            |                         |          |  |  |
|                            |                         |          |  |  |
| Special Instructions to Fi | iling Officer:          |          |  |  |
|                            |                         |          |  |  |
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Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date:07/1       | 1/2023              |                                |          |
|-----------------|---------------------|--------------------------------|----------|
| Name:           | 17551               |                                |          |
| Reference #:    | 2063115             |                                |          |
|                 |                     | UN FINANCIAL LLC               | _        |
| Articles of     | Incorporation/Autho | orization to Transact Business |          |
| Amendmer        | nt                  |                                |          |
| ✓ Change of     | Agent               |                                | 207      |
| Reinstaten      | nent                |                                | 13 =     |
| Conversion      | 1                   |                                | 2023 .11 |
| Merger          |                     |                                | lo: #-   |
| ☐ Dissolution   | Withdrawal          |                                | ;;<br>== |
| ☐ Fictitious N  | lame                |                                |          |
| Other           |                     |                                |          |
|                 |                     |                                |          |
| Authorized Amou | nt: <b>\$25.</b>    | 00                             |          |
| Signature:      |                     |                                |          |
|                 |                     | -                              |          |
|                 |                     |                                |          |

## 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.

| 1. N                     | lame of the limited liability company:  |   | Sun Financial, ELC   |
|--------------------------|---|---|--|
| 2. (a)                   | 228 Park Ave S PMB 23351  | (b)   | 228 Park Ave S PMB 23351   |
| ` '                      | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | _   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   |
|                          | New York, NY 10003-1502   |   | New York, NY 10003-1502  |
|                          | 9/17/02   |   | L02000024181   |
| 3.                       | Date of filing/registration in Florida  | 4.  | Document number  |
| 5. (a                    | Cogency Global Inc  |   |  |
| <i>J.</i> (a             | Registered Agent and Registered Office shown on the records of the  | he Florida Dep  | t, of State;   |
|                          | 311 N Bayshore Drive  |   |  |
|                          | Registered Office Address (MUST BE FLORIDA STREET A   | DDRESS)   | <del></del>  |
|                          | Safety Harbor   | 3469  | 2023 Jiii.   |
| (b                       | Cogency Global Inc.   |   |  |
| (1)                      | Enter name of NEW Registered Agent and/or NEW Registered C  | Office address  | <u> </u>   |
|                          | 115 North Calhoun Street, Suite 4   |   |  |
|                          | NEW Registered Office Address:  |   | ,<br>4,7<br>   |
|                          | Tallahassee JFL   | 3230  | <br>1  |
| the cl<br>agent<br>was/v | limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l | s of the Star<br>the registere<br>bility compa<br>f the limited | te of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) hiability company or as otherwise provided in      |
|                          | /s/Melinda Baglio   |   | Melinda Baglio   |
| _                        | nature of a member or authorized representative of a member   |   | Printed or typed name of signee  |
| provi<br>the or<br>to me | why accept the appointment as registered agent and agro<br>sions of all statutes relative to the proper and complete p<br>bligations of my position as registered agent as provided<br>rely reflect a change in the registered office address. I h<br>ed in writing of this change.               | ve to act in t<br>performance<br>I for in Chap<br>vereby confi  | his capacity. I further agree to comply with the earth of my duties, and I am familiar with and accept of 605, F.S. Or, if this document is being filed rm that the limited liability company has been |
| Sions                    | /s/ Eric Thompson   |   |  |
| -signa                   | tute of Kegintered Agent  |   |  |