Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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Email	Address:	
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LLC REGISTERED AGENT CHANGE DYNA INTERACTIVE LLC

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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.

. Na	me of the limited liability company: Dyna	Interactiv	e LLC	<u> </u>			
l. (a)	Principal office address of limited liability compan (Note: MUST RE STREET ADDRESS)		(b)				
	06/14/2007	1	_0700	0062642			
i.	Date of filing/registration in Florida	4.		Document numb	per		
i. (a)	CAMPBELL, CHRISTOPHER P.						
, (a)	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of State	- <u>2:</u>			
	1405 SYMPHONY COURT						
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRESS)		•			
	ORLANDO	32804		-		20	
(b)	Registered Agents Inc.			_		2022 MAY 27	<u>:</u>
	Enter name of NEW Registered Agent and/or NEW Reg	istered Office add	ress:			2	=>:
	7901 4th St N	_	****	P			
	NEW Registered Office Address:					3: ₄	C
	STE 300			•	- :	44	
	St. Petersburg	FL_33702		_			
he cha igent v was/wa	imited liability company is not organized underinge or changes are made, the Florida street addrail be identical. Or, in the case of a Florida limere authorized by an affirmative vote of the menticles of organization or the operating agreement	ress of the regis nited liability co nbers of the limi	tered office mpany, it is ited liabilit	e and the busines is hereby confirm by company or as	is ornce (ned that th	n tile i në chai	egisteret ige(s)
	Riling Park	Rile	y Park				
	ture of a member or authorized representative of a member			Printed or typed na	_		4.1
provis the obi to mer	by accept the appointment as registered agent a ions of all statutes relative to the proper and con ligations of my position as registered agent as p ely reflect a change in the registered office addr d in writing of this change.	ind agree to act inplete performa rovided for in C ress. I hereby co	in this cap ince of my hapter 602 infirm that	acity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	igree to o familiar : documei lity comp	comply with a nt is be any ha	with the nd accep ring filed is been

- Assistant Secretary

Bill Havre

Signature of Registered Agent