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Division of Corporations

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From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address: karinne@msrmediaskn.com

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OCT 12 2023

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY \blacksquare

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.

I. N	ame of the limited liability company:	n, LLC
2. (a)	100 2ND Ave Scutn suite 706 S	(b) 611 Fort Harrison Avenue #369
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St Petersburg, FL 33701	Clearwater, FL 33756
	02/07/2008	1.08000014159
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agents Inc.	Cocument number
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A 611 S. Fort Harrison #369	
	Clearwater, FL_	33756
101	Registered Agents line. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	
- • 2	NEW Registered Office Address:	
	7901 4th Street N. Ste 300	
;	St. Petersburg FL 3	3702
If the lim change o agent wil was/were	nited liability company is not organized under the laws or changes are made, the Florida street address of the real libe identical. Or in the case of a Florida West to the control of the	
Signature	e of a member or authorized representative of a member	Karinne Behr
	accept the appointment as registered agent and agree is of all statutes relative to the proper and complete per ations of my position as registered agent as provided for reflect a change in the registered office address, I here in writing of this change.	Printed of typed name of signee to act in this capacity. I further agree to comply with the rformance of my duties, and I am familiar with and accept or in Chapter 605, F.S. Or, if this document is being filed eby confirm that the limited liability company has been
	Data Kilondo	