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S. PRATHER

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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.

(a)		(b)_				
	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	03/14/2008	 	08000	026871		
	Date of filing/registration in Florida	4.		Document number		
(a)	DANESE, MARIO C/O MARIO DANESE			_		
(11)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of Stat	e:		29
	C/O MARIO DANESE				;— }. }	2021 AUG
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		_	1 <u>1 </u>	뜽
	1221 BRICKELL AVENUE SUITE 900			_	(2) (2) (3)	30
	Miami FI	33131		_	771	
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address: STE 300	Office addr	ess:	-	Algorithms and a second	9: 16
	St. Petersburg	33702		_		
ne cha gent v zas/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ability con of the limit limited lia	erea ome opany, it ed liabili	is hereby confirmed the ty company or as other	at the cha	registeret nge(s)
Sign	nure of a member or authorized representative of a member	Kiley	-aik	Printed or typed name of	signee	
here rovis he ob mer	by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I led in writing of this change.	r perjormai ed for in Cl	ace of my lapter 60 ifirm that	5. F.S. Or. if this docu	iment is b	einy filea

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent