

To:

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	ame of the limited liability company:	ETHREAT	NPB, I	.LC				
	189 S ORANGE AVE		A	189 S ORA	NGE AVE			
2. (1	Principal office address of limited liability co (Note: MUST BE STREET ADDRES)				failing address of firr <u>(Note: MAY BE P</u>			
	ORLANDO, FL 32801			ORLANDO), FL 32801			
	05/20/2009			1.0900004920	64			
3.	Date of filing/registration in Florid.	a	4.		Document numbe	21		
วี. (ส	CORPORATE CREATIONS NETWORK INC	•						
(6)	Registered Agent and Registered Office shown on the 801 US HWY 1 N	e records of the	: Florid	a Dept of State:	:			
	Registered Office Address (MUST BE FLORIDA	(STREET AD	DRES.	<u>9</u>		SECUE ENDES	2024 OCT 18	
	PALM BEACH, FL		3408				1 E	анан 1922 - Солон С 1923 - Солон Со
	C T Corporation System						ри 2:5	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered O	ffic <u>e ad</u>	dress:		E FLE	2: 57	Ú
	NEW Registered Office Address:							
	1200 South Pine Island Road							
	Plantation	FI	3324					
the ch agent was w	limited liability company is not organized und ange or changes are made, the Florida street a will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the n ticles of organization or the operating agreem- -Ga (2013).	der the laws address of th limited liab nembers of t	of the ic regi ility co the lin mited	State of Flor stered office ompany, it is nited liability liability com	and the business hereby confirme company or as o	office o d that th	f the re e chang	gistered: ge(s)
	-C3WU (104204 C)		1.0					

Signature of a member or authorized representative of a member

KARA KOROSEC, MANAGER

Printed or typed name of signee

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and 1 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, Thereby confirm that the limited hability company has been notified in writing of this change. $O_{-}OO_{-}A$ P. C. C. Marine AS C T Corporation System 10.-

By:

Signalure of Registered Agent SEANL EMERICK, ASSISTANT SECRETARY

Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 FILING FEE: S25.00