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| To: | Division of Corporations | 20 20 20 | 2022 NOV | |
|-------------|--|---------------------------|-----------|------|
| | Fax Number : (850)617-6383 | E A | YOY | |
| Fron | Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 | ARY OF STAT HASSEE, FL | -7 AH 8:2 | ILED |
| :**Enter th | e email address for this business entity to be used for al report mailings. Enter only one email address please. | future ** | - | |
| - Emai | L Address: | | | |

LLC REGISTERED AGENT CHANGE GATORCAP LLC

| Certificate of Status | 0 |
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C. BRUMBLEY

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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.

| 1. Name | of the limited liability company: Gatorca | ap LLC | D |
|---|---|--|---|
| 2. (a) | | (b | h) |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX) |
| 4 | 770 Biscayne Blvd, Ste 720 | | 4770 Biscayne Blvd, Ste 720 |
| <u>N</u> | Miami FL 33137 | | Miami FL 33137 |
| 0; | 5/01/10 | | L10000042385 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5 (a) | ARNOLD, K | | |
| Re | gistered Agent and Registered Office shown on the records | of the Florida | da Dept. of State: |
| | 4770 BISCAYNE BLVD STE 720 | | |
| Re | egistered Office Address (MUST BE FLORIDA STREE | <u>ET ADDRESS</u> | SECRETARY TALLAHAS |
| | | | |
| | MIAMI | FL_3313 | OV-7 AM CETARY OF SAHASSEE, |
| | | | Y o |
| (0) | Registered Agents Inc | | |
| En | iter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u> | red Office add | ddress: PAT & C |
| 7 | 7901 4th St N | | ·** — |
| | EW Registered Office Address: | | |
| | STE 300 | | |
| 5 | St. Petersburg | _{FL} 33702 | 2 |
| the chang agent will was/were | ited liability company is not organized under the e or changes are made, the Florida street address the identical. Or in the case of a Florida limited | laws of the s of the regis d liability cors of the lim | te State of Florida, it is hereby confirmed that afte gistered office and the business office of the regist company, it is hereby confirmed that the change(s mited liability company or as otherwise provided |
| Signature | of a member or authorized representative of a member | | Printed or typed name of signee |
| I hereby provision, the obliga- to merely notified in | accept the appointment as registered agent and s of all statutes relative to the proper and compl ations of my position as registered agent as prov reflect a change in the registered office address writing of this change. | ete perjorm ided for in (k, I hereby co | ct in this capacity. I further agree to comply with mance of my duties, and I am familiar with and ac a Chapter 605, F.S. Or, if this document is being f confirm that the limited liability company has bee |
| Signature of | Bill Havre - Assist | tant Secre | etai y |

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