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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

: (307)200-2803

Phone

Fax Number

: (813)436-5206

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

| Email | Address: | |
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LLC REGISTERED AGENT CHANGE DILEN INVESTMENTS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

K. SALY

NOV 2 0 2024

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. N | ame of the limited liability company. | LLC | |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) | | (b) | |
| 2, 1, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) |
| | 7901 4th St N STE 300 | 7901 4th St N STE 300 St. Petersburg FL 33702 | |
| | St. Petersburg FL 33702 | | |
| | 09/17/10 | L10000097 | 355 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a |) SWAN, LAWRENCE | | _ |
| | Registered Agent and Registered Office shown on the records of | the Florida Dept. of Sia | te: |
| | 615 Cape Coral Pkwy W | | ~-2 |
| | Registered Office Address [MUST BE FLORIDA STREET ADDRESS] | | 野星九 |
| | Suite 104 | | |
| | CAPE CORAL | 33914 | _ 55 |
| (b) | Registered Agents Inc | | PRAMON 19 PM 4: 32 PALLANASSEE, FLORIDA |
| • | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | - Land 32 |
| | 7901 4th St N | | |
| | NEW Registered Office Address | | _ |
| | STE 300 | | _ |
| | St. Petersburg F1. | 33702 | _ |
| the ch agent was/w the art | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the registered office ability company, it if the limited liability | te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in |
| 1/7 | ature of a member or authorized representative of a member | Robin Janes | |
| | · | and an analysis ships | Printed or typed name of signee |
| provis the ob to mei natific | thy accept the appointment as registered agent and agressions of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I left in writing of this change. David Roberts - Assistant Se | performance of my d for in Chapter 60 hereby confirm that | pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |
| 11.21 | David Roberts - Assistant Se | ecretary | |

Signature of Registered Agent