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Division of Corporations
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**LLC REGISTERED AGENT CHANGE
FAUST CAPITAL LLC**

Certificate of Status	0
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Page Count	01
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2025 MAR 12 PM 2:43

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
2025 MAR 12 AM 9:45
TALLAHASSEE, FLORIDA

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: FAUST CAPITAL LLC
2. (a) 99 READE STREET
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
6E
NEW YORK, NY 10013
- (b) 99 READE STREET
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
6E
NEW YORK, NY 10013
3. 01/07/2011
Date of filing/registration in Florida
4. L11000003055
Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
476 RIVERSIDE AVE.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
JACKSONVILLE, FL 32202
- (b) INCORPORATING SERVICES, LTD.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1540 GLENWAY DRIVE
NEW Registered Office Address:
TALLAHASSEE, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Lawrence A. Kirsch
Signature of a member or authorized representative of a member

LAWRENCE A. KIRSCH

Printed or typed name of signer

I hereby 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 I 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Melissa A. Moreau - Assistant Secretary
Signature of Registered Agent

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

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2025 MAR 12 AM 9:45
STATE
TALLAHASSEE, FLORIDA