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Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE FAIRWIND BUSINESS SOLUTIONS, LLC

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1/15/2025 13:06:25 PST To: 18506176383 Page: 2/2 Fax: 8134365206

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.

. Na	me of the limited liability company:	NESS S	SOLUTIONS, LLC	
	7901 4th St N STE 300	(b) 7901 4th St N STE 300		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- 17/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg, FL 33702	_	St. Petersburg, FL 33702	
	06/27/2011	– Լ	L11000074069	
	Date of filing/registration in Florida	4.	Document number	
. (a)	LAW OFFICES OF CYNTHIA M CLARK, PLLC.			
. (-,	Registered Agent and Registered Office shown on the records of the 677 N WASHINGTON BLVD	nc Florida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	2	
	SARASOTA FL	34236	2025	
(b)	REGISTERED AGENTS INC		2025 JAN 15	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	aress: [T]	
	7901 4TH ST N			
	NEW Registered Office Address:		06	
	STE 300			
	ST. PETERSBURG , FL	33702		
hange gent w as/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the light	registered sility con the limit imited lia	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in iability company.	
1°	here of a member or authorized representative of a member	Robin	Printed or typed name of signee	
herel rovisi he obli mere otified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change. David Roberts The of Registered Agent	e to act i erforma for in Ci ereby cor	in this canacity. I further garee to comply with the	