onic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE AKALAY, LLC

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T. LEMIEUX APR - 5 2023

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. i	Na	me of the limited liability company: AKALAY, LLC						
)				
۵. (د	·, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		lailing address of lim (Note: MAY BE PC	ited liability	compar	ıy:
		7901 4th St N STE 300		7901 4th	St N STE 300			
		St. Petersburg, FL 33702	_	St. Peter	sburg, FL 3370	02		
		08/19/2011		L1100009	95696			
3.		Date of filing/registration in Florida	4.		Document numbe	r		
5 (a)	INTERNATIONAL TAX & COMMERCE ADVI	SORS	. LLC				
J. (u,	Registered Agent and Registered Office shown on the records of th			:			
		12025 RIVERHILLS DR						
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	1				
		TAMPA , FL	33617			5	21	
(1	Registered Agents Inc				£ `	923 <i>I</i>	
(b)		Enter name of NEW Registered Agent and/or NEW Registered C	Office add	t <u>ress</u> :			2023 AFR	_
		7901 4th St N				~	R-4 PH (2:)	:T
		NEW Registered Office Address:				- .	 	-
		STE 300				85. 55.	2: 54	
		St. Petersburg , FL_	33702	!		•	_	
the cagen was/the a Sign I heap rov the o to me	hai t we we rtic // nac reb isid ere	mited liability company is not organized under the lawsinge or changes are made, the Florida street address of trill 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 liability of a member or authorized representative of a member on a operating agreement of the liability accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	he regis pility co the lim imited l Rot	tered office mpany, it is ited liability iability com oin Jones	and the business hereby confirmed company or as o pany. Printed or typed name or type	office of that the of therwise p	he reg change crovide	istered e(s) ed in

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

NIC CENTE David Roberts - Assistant Secretary

Signature of Registered Agent