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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

**Enter the email address for this business entity to be used for future

₿mail Address:

LLC REGISTERED AGENT CHANGE KASPI HOLDINGS LLC

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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. Na	me of the limited liability company: Kaspi H	olo	dings L	LC			
2. (a)			(b)				
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aailing address of lir (Note: MAY BE F		•	
	7901 4th St N STE 300		7901	4th St N			
	St. Petersburg FL 33702	_		tersburg F			
			1110	001016	:05		
3.	Date of filing/registration in Florida	4.		Document numb			
5. (a)							
	Registered Agent and Registered Office shown on the records of th	ie Flori	ida Dept. of State	::			
	Design of Office Address of Office Property Address of Office Addr	0000					
	Registered Office Address (MUST BE FLORIDA STREET A)	<u>odke.</u>	<u>88)</u>				
	, FL					21	
(b)	Registered Agents Inc				<u>.</u>	2023 FEB 24	
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office :	address:			83	7
	7901 4th St N					24	
	NEW Registered Office Address:					-PH	ם ארו
	STE 300				,	£ 3	-
	0.200				•	35	
	St. Petersburg , FL.	<u>337</u>	702				
If the li	mited liability company is not organized under the laws	s of th	ne State of Flo	rida, it is hereby	confirm	ned tha	it after
agent w	nge or changes are made, the Florida street address of t fill be identical. Or, in the case of a Florida limited liab	oility i	company, it is	hereby confirm	ed that t	he cha	nge(s)
	re authorized by an affirmative vote of the members of des of organization or the operating agreement of the li				otherwi	se prov	ided in
	ure of a member of authorized representative of a member		obin Jone:	. ,			
•				Printed or typed na	•		
I hereb provision the oblition to mere notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he i'in writing of this change.	e to a erfori for in ereby	ct in this capa mance of my a Chapter 605, confirm that t	icity. I further ad luties, and I am f .F.S. Or, if this he limited liabili	gree to c amiliar docume ty comp	comply with a nt is be any ha	with the nd accept ring filed s been
\mathcal{D}	rid Courts David Roberts - Assistant S						
Signatur	e of Registered Agent						