L120000 88405

(Red	questor's Name)				
(Address)					
(Add	dress)				
(City/State/Zip/Phone #)					
		MAIL			
(Bus	iness Entity Nar	ne)			
(Doc	cument Number)				
ertified Copies	Certificates	of Status			
Special Instructions to F	iling Officer:				
	Office Line Only				



02/09/24--01014--024 **25.00

2020 FEB -9 AH 9: 26 SECRETARY STATE

Office Use Only

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:	STEN	
2.	(a)	1800 S. Occan Drive		(b) 1800 S. Ocean Drive
	< <i>)</i>	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		#3607		#3607
		Hallandale, FL 33009	_	Hallandate, FL 33009
		07/06/2012		L12000088405
3.		Date of filing/registration in Florida	4.	Document number
	(a)	BUSINESS FILINGS INCORPORATED		6
	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State		da Dept. of State:
		1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		Plantation		
		FL	33324	
	(b)	Registered Agents Inc		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> (Office a	address:
		7901 4th St. N		
		NEW Registered Office Address:		
		STE 300		
		St. Petersburg	3702	

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.

Feodor Weissmann

Feodor Weissmann

Signature of a member or authorized representative of a member

Printed or typed name of signce

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.

Bill Havre, Authorized Representative Signature of Registered Agent

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314