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ECFIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 341033 8253472

AUTHORIZATION :

COST LIMIT : \$ 25/00

ORDER DATE: February 29, 2024

ORDER TIME : 11:42 AM

ORDER NO. : 341033-018

CUSTOMER NO: 8253472

CHANGE OF AGENT

NAME: SOVEREIGN DATA MINING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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____ CERTIFIED COPY
XX __ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- EXT#

EXAMINER:

STÄTEMENT 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: SOVEREIGN DA	IM ATA	NII	NG, ŁLC ————————————————————————————————————
2.	(a)		((b))
	ζ.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` ′	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		7350 SW 47th CT			7350 SW 47th CT
		Miami, FL 33143	_		Miami, FL 33143
		09/06/2013		1	L13000126316
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)				
	(-/	Registered Agent and Registered Office shown on the records of a C T CORPORATION SYSTEM	he Florio	da I	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRES	<u>55)</u>	
		1200 SOUTH PINE ISLAND ROAD			
		PLANTATION FL	33324	ļ 	
	41.5				ress:
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				ıddı	ress:
					SSEE STATE
		Corporation Service Company			AHIO: 51
		NEW Registered Office Address:			ATE SS
		1201 Hays Street			
		Tallahassee FL	32301		
cha age wa	inge ent w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	register bility c f the lir	red om mit	I office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		yd I. Miller, IV	Llo	yd	II. Miller, IV, Authorized Person
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to i	ovisio obli mere	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	perform	nan	ace of my duties, and I am familiar with and accept
_	•	e of Registered Agent			
Cita	ice II.	Kirby, Asst, Vice President			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00