5000066310 Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC REGISTERED AGENT CHANGE SEKEL TECHNOLOGIES LLC

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DEC 1 9 2022 A. LUNT

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.

l. Ni	nme of the limited liability company: Sekel	Technolog	jies LLC	
2. (a)		(b)		
	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)	:	Mailing address of limite (Note: MAY BE POS	d liability company:
	04/16/15	<u> </u>	5000066310	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the record	ds of the Florida Dept.	of State.	
	4155 NW 67 TERRACE		<u>. </u>	
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)		
	LAUDERHILL	, _{FL} 33319		20:
(b)	Registered Agents Inc			- 28 CKU
(0)	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address		<u> </u>
	7901 4th St N			AMIII: 27
	NEW Registered Office Address:			
	STE 300			27
	St. Petersburg	, FL 33702		
he cha igent w vas/we he arti	imited liability company is not organized under the inge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	ss of the registered ed liability compar ers of the limited l	l office and the business of iy, it is hereby confirmed to iability company or as other ty company.	fice of the registered hat the change(s)
Signat	ture of a member or authorized representative of a member		Printed or typed name of	of signee
provisi he obli o merc	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro- ely reflect a change in the registered office addres I in writing of this change.	dele performance :	of my duties, ànd I am fam	iliar with and accep

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent