Division of Corporations

Fax: 18134365206

## Florida Department of State

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LLC REGISTERED AGENT CHANGE RIKOS RESEARCH AND DEVELOPMENT STRATEGIES, LLC

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Aug 15, 2025 10:50 To: +18506176383 Page: 2/2 Fax: 18134365206

## 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.

I. Na	ame of the limited liability company:	ch & Development	Strategies, LLC
l. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	7901	L4th St N STE 300
	St. Petersburg FL 33702	St. P	Petersburg FL 33702
	08/03/15	L1500	00131952
	Date of filing/registration in Florida	4.	Document number
(a)	UNITED STATES CORPORATION AGENTS, INC.		
ία)	Registered Agent and Registered Office shown on the records a	of the Florida Dept.	of State:
	476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	<del></del>
			20
	JACKSONVILLE, I	FL_32202	2025 AUG 1 5
(b)	Northwest Registered Agent LLC		2. <b>元</b> 五元
(.,,	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	
	7901 4th St N		
	NEW Registered Office Address:		o`
	STE 300		<del></del>
	St. Petersburg	33702 FL	
e cha gent v as/wa	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	laws of the State of the registered liability compan s of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
		ne minicu naona Nat Smith	, company.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi ie obl o merc	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as providely reflect a change in the registered office address. If in writing of this change.  Taylor Newman - Assistant	nte performance of ded for in Chapte I hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed at the limited liability company has been
noirige !- /\-	Taylor Newman - Assistant		