## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **COPYSTRONG,LLC**

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## STATEMENT OF AUTHORITY

Pursuant to section 605.0302(1), Florida Statutes, this limited authority:	d liability company submits the fol	llowing statement o
FIRST: The name of the limited liability company is:	pystrong, LLC	······································
SECOND: The Florida Document Number of the limited lie	ability company is: L15000137	470
THIRD: The street address of the limited liability company 1990 Main Street, Suite 750		
Sarasota, FL 34236		<del></del>
The mailing address of the limited liability compa	any's principal office is:	
Sarasota, FL 34236		
FOURTH: This statement of authority grants or sets limitat position of a person in a company, whether as a member, transperson on the following:  1. May execute an instrument transferring real properties.  a. Granted to: Cybertech Ventures.	nsferce, manager, officer or otherw operty held in the name of the com	vise or to a specific
	W.F. (2020)	TINY -2
b. No authority granted to: AB Florida		
2. May enter into other transactions on behalf of, a. Granted to:		ompan <del>,</del>
b. No authority granted to: AB Florida	a Gift, LLC	<del></del>
Leidos	Erica Bowles	
Signature of authorized representative Filing Fee: Certified Copy:	Typed or printed nam \$25.00 (optional)	e of signature