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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_ LLC REGISTERED AGENT CHANGE MINDZCO, LLC Certificate of Status 0 Certified Copy 02 Page Count \$25.00 Estimated Charge

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T. LEMIEUX APR 2 7 2022

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. Na	ame of the limited liability company: Mindzco	, LLC	
2. (a)		(b) _	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/09/2016	 _	16000027327
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JACKSON, FREDRICK		
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 941 LYONS RD. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		ept. of State:
	5203		
	COCONUT CREEK	_{FL} 33063	2022
	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Register	red Office addr	PILED 2022 APR 26 A SECTION SEE
	7901 4th St N		FLC
	NEW Registered Office Address: STE 300		AM II: 46 EE FLORIDA
	St. Petersburg	_{FL} 33702	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited tere authorized by an affirmative vote of the member ticles of organization or the operating agreement of the operating agreement	of the registe Hiability con Is of the limit	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	Rilly Park	Rile	y Park
	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple oligations of my position as registered agent as proving reflect a change in the registered office address, and in writing of this change. Bill Havre - Assisti	agree to act i ete performat ided for in Ch . I hereby con ant Secreta	ice of my duties, and I am familiar with and acceptapier 605, F.S. Or, if this document is being filed aftern that the limited liability company has been

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Signature of Registered Agent