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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 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

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| ►m ⇒ 1 | VUULDEE. |  |  |  |
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## LLC REGISTERED AGENT CHANGE TRULYDATA TECHNOLOGY LLC

| Certificate of Status | 0       |
|-----------------------|---------|
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| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

SEP 2 9 2021

S. PRATHER

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Help

## 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  | ame of the limited liability company: TrulyDa  | ata Techr   | nology LLC  |   |  |  |
|--|--|---|---|---|--|--|
| 2. (a)   |  | (b)   |   |   |  |  |
|  | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)                                       |   |  |  |
|  |  |   |   |   |  |  |
|  | 06/10/2016   | L10   | 6000112472  |   |  |  |
| 3.   | Date of filing/registration in Florida   | 4.  | Document num  | ber   |  |  |
| 5. (a)   | BELLO & MARTINEZ, PLLC   |   |   |   |  |  |
| .). (u)  | Registered Agent and Registered Office shown on the records  | of the Florida Dep  | t. of State:  |   |  |  |
|  | 2850 DOUGLAS RD  |   |   |   |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREE   | ET ADDRESS)   | <del></del>   | 202<br>FAL  |  |  |
|  | #303   |   |   | 1 SE  |  |  |
|  | CORAL GABLES   | FL 33134  | <del></del>   | FILED<br>2021 SEP 28 AM II: 10<br>SECRETARY OF STATE<br>ALLAHASSEE, FLORIDA |  |  |
|  |  | [ ]   |   | P 28 AM II: IC<br>P 28 AM II: IC<br>P 28 AM II: IC<br>P 28 AM II: IC        |  |  |
| (b)  | Registered Agents Inc.   |   |   | AM AM   |  |  |
| ,  | Enter name of NEW Registered Agent and/or NEW Registe  | red Office address  | Ç.  | RIAT :  |  |  |
|  | 7901 4th St N  |   |   | D <sub>A</sub>  |  |  |
|  | NEW Registered Office Address:   |   |   |   |  |  |
|  | STE 300  |   |   |   |  |  |
|  | St. Petersburg   | <sub>FL</sub> 33702   |   |   |  |  |
| the ch<br>agent<br>was/w<br>the art              | limited liability company is not organized under the range or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of | s of the registered liability comports of the limited the limited                                 | ed office and the busines<br>any, it is hereby confirn<br>Hiability company or as<br>lity company.                | ss office of the registered in new that the change(s)                       |  |  |
| - Cian   | ature of a member or authorized representative of a member   | Riley F   | Printed or typed n  | ame of signee   |  |  |
| I here<br>provis<br>the ob-<br>to men<br>notifie | eby accept the appointment as registered agent and sions of all statutes relative to the proper and comploligations of my position as registered agent as proverely reflect a change in the registered office addressed in writing of this change.                           | agree to act in lete performance ided for in Chap<br>of the Chap<br>of the Chap<br>tant Secretary | this capacity. I further a<br>e of my duties, and I am<br>oter 605, F.S. Or, if this<br>rm that the limited liabi | agree to comply with the  |  |  |