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(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 878912 8421231					
AUTHORIZATION :					
COST LIMIT : 25.00					
ORDER DATE : July 17, 2023					
ORDER TIME : 1:45 PM					
ORDER NO. : 878912-001					
CUSTOMER NO: 8421231					
CHANGE OF AGENT					
NAME: SOUTHPOINT SOLUTIONS GROUP LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX. PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker EXT#					
CONTACT IBROOM. ByITEHA DAREL EXI#					

EXAMINER:

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.

1.	Name of the limited liability company: SOUTHPOI	NT SOLUTIONS	GROUP LLC	
2. (a	6526 South Kanner Highway 134	(b) 6526 South Kanner Highway 134		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST QFFICE BOX)	
	Stuart, FL 34997	Stu	Stuart, FL 34997	
	02/01/2019	L160	000191661	
3. 5. (a	Date of filing/registration in Florida BARRIG, ROCIO	4.	Document number	
(b)	Registered Agent and Registered Office shown on the records of 6526 South Kanner Highway 134	of State:		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	Stuart F	RL 34997	2023 A. SECRU	
	Corporation Service Company			
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:		
	1201 Hays Street		ζ.,	
	NEW Registered Office Address:			
	Tallahassee F	-L 32301		
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registered offi liability compan s of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.	
Sign	nature of a member of authorized representative of a member		Printed or typed name of signee	
provi the o to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and completed bligations of my position as registered agent as provided rely reflect a change in the registered office address, led in writing of this change.	e performance o led for in Chapte I-hereby confirm	d my duties, and Lam familiar with and accept	
Signa	ture of Registered Agent	•		

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