116000221819

| (R€ | equestor's Name) | | | | | |
|---|--------------------|-----------|--|--|--|--|
| (Ad | ldress) | | | | | |
| (Ad | idress) | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP | ☐ WAIT | MAIL MAIL | | | | |
| (Bu | isiness Entity Nar | ne) | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to | Filing Officer | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Office Use Only



400337918784

12/11/19--01017--027 **85.00

2019 DEC 1.1 PM 12: 36

. 63 3. kdy. 63 5. 53 8. 11. 330 8. 11. 3

DEC 12 2019 M. SOLOMON

25

CORPORATE ACCESS, ___

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| | PICI | K UP: | 12/11/2019 | - | | |
|---------------|---|----------------------------|---------------|---------------|-------------|-------------|
| | CERTIFIED COPY | • | | | | |
| | | | | - | | <u> </u> |
| XX | РНОТОСОРУ | | | | | · |
| | CUS | ··· | | | | |
| XX | FILING | CHAN | GE OF REGIST | ERED AGEN | VT | |
| | | | | | | - |
| | (CORPORATE NAME AND DOCUME | MENT #) | | | | |
| | | | | | | |
| | | | | | | |
| | . CORPORATE NAME AND DOCUME | _ MENT #) | | | | |
| | | · | - | | | |
| | CORPORATE NAME AND DOCUME. NOIR STRATEGIC CAP (CORPORATE NAME AND DOCUME) | PITAL LLO | C | | | |
| | NOIR STRATEGIC CAP | PITAL LLO | C | | | |
| | NOIR STRATEGIC CAP | PITAL LL(MENT#) | <u> </u> | | | |
| | NOIR STRATEGIC CAP (CORPORATE NAME AND DOCUM | PITAL LL(MENT#) | C | | | |
| | NOIR STRATEGIC CAP (CORPORATE NAME AND DOCUM | PITAL LL(MENT #) MENT #) | C | | - | |
| | NOIR STRATEGIC CAP (CORPORATE NAME AND DOCUM | PITAL LL(MENT #) MENT #) | <u>-</u> | | - | - |
| - | NOIR STRATEGIC CAP (CORPORATE NAME AND DOCUM | PITAL LL(MENT #) MENT #) | C | | | |
| ZCI A I | (CORPORATE NAME AND DOCUM (CORPORATE NAME AND DOCUM (CORPORATE NAME AND DOCUM (CORPORATE NAME AND DOCUM | PITAL LL(MENT #) MENT #) | C | | - | • |
| ECIAI TRUC | (CORPORATE NAME AND DOCUM (CORPORATE NAME AND DOCUM (CORPORATE NAME AND DOCUM (CORPORATE NAME AND DOCUM | PITAL LL(MENT #) MENT #) | C | | | |

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.

| a) | | | | |
|------------|--|--|--|---|
| •, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b)_ | | f limited liability company: EPOST OFFICE BOX) |
| | 14545J S MILITARY TR. #187 | | DOLL MOTO | LI OSI OFFICE BOX |
| | DELRAY BEACH, FL 33484 | · | | |
| | 12/08/2016 | Lie | 6000221819 | |
| | Date of filing/registration in Florida | 4. | Document nun | nber |
| a) | | | | |
| 1) | Registered Agent and Registered Office shown on the records o CORPORATION SERVICE COMPANY | f the Florida De | pt. of State: | |
| | · , | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET | <u>'ADDRESS)</u> | | |
| | | | | 2019 |
| | TALLAHASSEE | L _. 32301-2525 | | |
| | Enter name of NEW Registered Agent and/or NEW Registered Corporate Creations Network Inc. | d Office addres | <u>s</u> : | DEC 11 PM (2) |
| | NEW Registered Office Address: | | | <u> </u> |
| | 11380 Prosperity Farms Road #221E | | | |
| | | | | |
| | Palm Beach Gardens | 33410 | | |
| wi er | mited liability company is not organized under the lar or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited li- e authorized by an affirmative vote of the members of les of organization or the operating agreement of the | registered of ability compa of the limited limited liabil | frice and the business of any, it is hereby confirm | ffice of the registered |
| 2 | ro of a mamber Sub- | | Printed or typed na | ame of signee |
| 2 | re of a member or authorized representative of a member | | | |
| ebvioi lig | e accept the appointment as registered agent and agrees of all statutes relative to the proper and complete attons of my position as registered agent as provided a reflect a change in the registered office address, I impriting of this change. | perjormance | oj my auties, ana i am j | familiar with and acce |