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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

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9,

LLC REGISTERED AGENT CHANGE INSIGHT ANALYSIS AND RESEARCH LLC

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OCT 26 2022 K. Brumbley

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

Name of the limited liability company: INSIGHT AI	VALYSIS	AND RESEARCH LLC
(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)
10/18/2017	<u>L</u>	17000216316
Date of filing/registration in Florida	4.	Document number
(a) SRSL MANAGEMENT, INC		
Registered Agent and Registered Office shown on the records of t	the Florida Dept	. of State:
4101 PINE TREE DRIVE Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
		•
UNIT 1530		
MIAMI BEACH . FL	33140	202 2
		A) 2022 OCT 26 SECONDERS NO NATIONALISS
Registered Agents Inc		
Enter name of NEW Registered Agent and/or NEW Registered	Office address:	S\$\frac{1}{26} \text{EA} \text{A} A
7901 4th St N		
		
NEW Registered Office Address:		27
STE 300		
St. Petersburg	33702	
the limited liability company is not organized under the law e change or changes are made, the Florida street address of ent will be identical. Or, in the case of a Florida limited lias/were authorized by an affirmative vote of the members of e articles of organization or the operating agreement of the	the registered ability compa of the limited	d office and the business office of the register my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
R: Lung Park		Riley Park
signature of a member or authorized representative of a member		Printed or typed name of signee
hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete obligations of my position as registered agent as provide merely reflect a change in the registered office address. It tified in writing of this change.	performance d for in Chap hèreby confir	of my duties, and I am familiar with and acce wer 605, F.S. Or, if this document is being file on that the limited liability company has been
Bill Havre - Assistan	t Secretary	