To: 18506176383 Page: 1/2 Fax: 8134365206 1/15/2025 1<del>2</del>:36:2€₹GT

## Florida Department of State Division of Corporations

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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 : (813)436-5206

\*\*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 **OLIMPO LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

1/15/2025 12:38:23-PST To: 18506176383 Page: 2/2 Fax: 8134365206

## 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. Na	me of the limited liability company: OLIMPO LLC			
2. (a)			(b)	
2. (d)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4th S	t N STE 300
	St. Petersburg, FL 33702		St. Petersb	urg, FL 33702
	12/04/17		L170002473	01
3.	Date of filing/registration in Florida	— 4.		Document number
	HD Technologies Holdings INC			
5. (a)	Registered Agent and Registered Office shown on the records of	of the Flor	ida Dept. of State	- e:
	390 NE 191st St STE 8474		·	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	SS)	-
			<del>_</del>	
	MIAMI , I	FL 33179		•
(1.)	Registered Agents Inc			F1L 2025 JAN 15
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office	address:	
	7901 4th St N			
	NEW Registered Office Address:			<u>,                                    </u>
	STE 300			<b>10</b>
	St. Petersburg	33702 FL		
the cha agent w was/we the arti-	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the second street of the second street.	of the re liability s of the l re limite	gistered office company, it is imited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provisi the obli to mere natibeo	by accept the appointment as registered agent and a constant of all statutes relative to the proper and comple igations of my position as registered agent as providity reflect a change in the registered office address, find writing of this change.	gree to a te perfor ded for it I hereby	ict in this cape mance of my a Chapter 603 confirm that	acity. I further agree to comply with the
43 <del>24</del>	David Roberts - Assistant	Secretary	1	