Florida Department of State

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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 $\overline{\mathbb{D}}_{22}$ annual report mailings. Enter only one email address please.

Email	Address:				
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LLC REGISTERED AGENT CHANGE BITMINING MARKET LLC

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

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.

I. Na	nme of the limited liability company: BITMINING	MARKE	T LLC					
2. (a)		(b	o)					
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)					
	7901 4th St N, STE 14106	7901 4th St N, STE 14106						
	St. Petersburg, FL 33702		St. Petersburg, FL 33702					
	03/20/2018		L18000	071307				
3.	Date of filing/registration in Florida	4.		Document number				
5. (a)	DAVID, ROBERTS							
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	- ::				
	Registered Office Address (MUST BE FLORIDA STREET	-	• • • • •	2(
	7901 4th St N, STE 14106			123 /				
	St. Petersburg . F	L_3370	2	- -	EAS EAS	APR I		
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registere	-	SEC FLOSING	2023 APR 13 AMII: 15				
	NEW Registered Office Address:	·-·	<u></u> -	-				
	7901 4th St N STE 300			-				
	St. Petersburg	L_3370:	2	_				
change agent v was/we the artification of the second secon	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the distribution of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I	e registere iability co of the lim relimited l	ed office and impany, it is ited liability com	d the business office of a hereby confirmed that y company or as otherwapany. ROBIN JONES Printed or typed name of society. I further goree to	the regis t the chan vise prov	tered age(s) ided in		
пощие	a in writing of this change.	hèreby co	onfirm that t	the limited liability con	1pany ha	s been		
Signatu	Device Y Bosent's							

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