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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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3RD EYE VIEW, LLC

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MAY 0 1 2020



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: 3rd Eye \	/iew,	LLC				
2. (;	a)	3870 20th Avenue North	(b) 3870 20th Avenue North					
2. (,	•,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO					
		SAINT PETERSBURG, FL 33713	_	SAINT P	ETERSBURG	G, FL 33	3713	
		03/26/2018		L180000	76965			
3.		Date of filing/registration in Florida	4.		Document num	beг		
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.					
٥. ١	α,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	!;			
		5575 S. SEMORAN BLVD						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2	-		2	
		SUITE 36				2	020	
		Orlando	32822	2	•	- ,.	2020 APR	
					•		30	
(b)	Registered Agents Inc.			_		Ž.	4 *
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	dress:			=	÷.
		7901 4th St N					AH II: 09	
		NEW Registered Office Address:			•			
		STE 300			-			
		St. PetersburgFL	33702	2	_			
the dager was the a	cha nt v	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registability confirmation the limited l	stered office ompany, it is sited liability	e and the busine s hereby confirm y company or as apany.	ss office ned that t s otherwis	of the r he chan se provi	egistered (gc(s)
,	-	ture of a member or authorized representative of a member			Printed or typed n	_		
prov the to to m	risi obl ger Ger	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I discripting of this change. Bill Havre - Assistan	perform d for in (hereby co	ance of my o Chapter 605 onfirm that	duties, and Lam 5. F.S. Or. if thi	i familiar s docume	with ai nt is be	id accept ing filed
		re of Registered Agent		-				