

Florida Department of State 28

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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

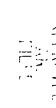
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LLC REGISTERED AGENT CHANGE POLYMATH ENDEAVORS LLC

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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.	Name of the limited liability company: Polym	nath Endeav	ors LLC
2. (a	11	(b)	
	Principal office address of limited hability compar (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company. (Note: MAY BE POST OFFICE BOX)
3.	05/23/18 Date of filing/registration in Florida	L180	000128928 Document number
5. (a	Registered Agent and Registered Office shown on the reco		State
	476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STE	REET ADDRESS)	
(h	JACKSONVILLE , Northwest Registered Age	1332202 nt LLC	2023 APR 27
	Enter name of NEW Registered Agent and/or NEW Registered Agent and New Registered Agent Ag	istered Office address.	P - ` ` ` `
	NEW Registered Office Address STE 300		0.1:
	St. Petersburg	33702	
the clagent was/v	limited liability company is not organized under thange or changes are made, the Florida street addressed by the edge of a Florida limitwere authorized by an affirmative vote of the memoricles of organization or the operating agreement of the operating agreement o	ess of the registered or ited fiability company, bers of the limited fial	ffice and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.
Sign	nature of a member or authorized representative of a member		Nat Smith Printed or typed name of signee
provi the or to me	reby accept the appointment as registered agent are sions of all statutes relative to the proper and combigations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change. Taylor Newman - Ass	iplete performance of rovided for in Chapter	my duties, and Lam familiar with and accept 605, F.S. Or, if this document is being filed

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

Signature of Registered Agent