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Division of Corporations

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From:

: CAPITOL CORPORATE SERVICES, INC. Account Name

Account Number : 120160000048 : (800)345-4647 Fax Number : (800)432-3622

the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

ல்லிப் ட்டிEmail Address:

LLC REGISTERED AGENT CHANGE SSENTIAL EDGE REGULATORY AND LEGAL SUPPORT **SERVICES**

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K. SALY DEC 1 1 2024

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.

[ESSENTIAL EDGE REGULATORY AND LEGAL SUPPORT]

1. Name of the Limited Liability Company: SERVICES, LLC			
2.	(a)	6919 SW 18th Street	(b) 6919 SW 18th Street
_,	(-)	Principal office address of limited liability company:	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
		Suite C201 / C407	Suite C201 / C407
		Boca Raton, FL 33433	Boca Raton, FL 33433
		6/1/2018	L18000136925
3.		Date of filing/registration in Florida	4. Document number
5.	(a)	RA CORPORATE SERVICES, INC.	
	(-)	Registered Agent and Registered Office shown on the records	
		9400 SOUTH DADELAND BOULEVARD	ري
		Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)
		SUITE 600	FL 33156 Fed Office address:
		MIAMI .	FL 33156
		,	S. P.
	(b)	Capitol Corporate Services, Inc.	
		Enter name of NEW Registered Agent and/or NEW Registe	red Office address:
		545 5 Dudy Avenue O1 51	8
		515 East Park Avenue 2nd Fl NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·
		NEW Registered Office Address.	
		Tallahassee,	FL_32301
the age wa	cha ent v s/w	ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) is of the limited liability company or as otherwise provided in the limited liability company.
Sander Kester			Sander Ressler
	_	ature of a member or authorized representative of a member	Printed or typed name of signee
pro the	wiş. ob. mer	eby accept the appointment as registered agent and i sions of all statutes relative to the proper and complo bligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	agree to act in this capacity. I further agree to comply with the the performance of my duties, and I am Jamiliar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been
			n Radecki, Assistant Secretary on
Signature of Registered Agent behalf of Capitol Corporate Services, Inc.			

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