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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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Email Address:

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## LLC REGISTERED AGENT CHANGE ADVANCED REALITY CAPTURES, LLC

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

AUG 19 2019

## 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.

. N	ame of the limited liability company: Advar	nced Reality	y Captures, LLC	,	
. (a)	2756 AVENIDA DE SOTO	(b) 27	56 AVENIDA DE SC	то	
(.4)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	· · · <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NAVARRE, FL 32566	NA'	VARRE, FL 32566		<u> </u>
	06/21/18	L18	000152359		
	Date of filing/registration in Florida	4.	Document number		
. (a)	GLOVER, TOM				
(11	Registered Agent and Registered Office shown on the rece	ords of the Florida Dept.	of State:		
	3030 N. ROCKY POINT DR.				
	Registered Office Address (MUST BE FLORIDA STI	REET ADDRESS)	<del></del>	20. 8.	_
	STE 150A				Š
	TAMPA	. FL 33607	<del></del>	:: 05	<u>-</u> 5
(b)	Northwest Registered Age	nt LLC			7
\ <i>\</i>	Enter name of NEW Registered Agent and/or NEW Reg	istered Office address:		4 N	<u> </u>
	7901 4th St N			1	? T
	NEW Registered Office Address:				
	STE 300				

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Mary One	Morgan Noble		
Signature of a member or authorized representative of a member	Printed or typed name of signee		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been

CloveTom Glover - Assistant Secretary

Signature of Registered Agent