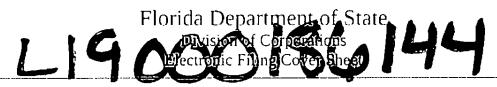
To: 18506176383

Page: 1/2

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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 : (813)436-5206

ြင့် ငြင့်ကြား (Address:_

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

LLC REGISTERED AGENT CHANGE **DEKODE HOLDINGS LLC**

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Fex: 8134365206 12/13/2024 08:57:07-PST - S To: 18506176383 Page: 2/2

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.

(a)	Principal office address of limited hability comp (Note: MUST BE STREET ADDRESS)		(d آ	Mailing address of limited liability (Note: MAY BE POST OFFIC	
	7901 4th St N STE 300		455 NE	5th avenue Suite D	
	St. Petersburg, FL 33702		Delray B	each Florida 33483	
	07/19/2019		L1900	0186144	
	Date of filing/registration in Florida	4.		Document number	
(a)	KRISHNAMURTHY, NIRUP				
(υ)	Registered Agent and Registered Office shown on the re-	cords of the Florid	a Dept. of State	- ::	
	350 CAMINO GARDENS BLVD.				
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRES	<u>S1</u>	•	
	200			_	
	BOCA RATON	_{. FL} 3343	2	2024	
'b)	Registered Agents Inc			2024 DEC 13	T 4
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office ac	ldress:	<u> </u>	
	7901 4th St N			79 79 79 79 79 79 79 79 79 79 79 79 79 7	() () ()
	NEW Registered Office Address:		<u> </u>		•
	STE 300				•
	St. Petersburg	. FL 3370	2		

d the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized refresentative of a member

Robin Jones 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 notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent