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A. BUTLER MAY 2 0 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	: I2000000195			
	REFERENCE	: 692352 8281792			
	AUTHORIZATION	: Spelle enan			
	COST LIMIT	: \$ 25'.00			
ORDER DATE :	May 18, 2022				
ORDER TIME :	8:04 AM				
ORDER NO. :	692352-030				
CUSTOMER NO:	8281792				
	· 				
CHANGE OF AGENT					
NAME :	SSK & OFFLINE	PASSIVE, LLC			
CERTIE	THE FOLLOWING AS FIED COPY STAMPED COPY	PROOF OF FILING:			

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

- 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. N	ame of the limited liability company:	NE PASSIN	/E. LLC		
2. (1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	3020 NW 73rd ST Suite 5		3020 NV	73rd ST Suite 5	
	MIAMI, FL 33147		MIAMI, F	L 33147	
	08/21/2019		L1900021	3928	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
5. (u)	Registered Agent and Registered Office shown on the records of LITTLEWOOD, CODY W	of the Florida	Dept. of Sta	te:	
	Registered Office Address 370 NE 158TH ST	T ADDRESS	Σ	_	
	MIAMI	L33162		2022 F SECT TA	
(b)				TALLAHASSEE.F	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ado	<u>dress</u> :	m s oss	
	Corporation Service Company			AM 8: 49 ASSEE, FI.	
	NEW Registered Office Address:			HE 64	
	1201 Hays Street			_	
	Tallahassee F	32301		_	
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leave authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the lie registere liability con of the limit	d office an mpany, it i ited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
/s	s/Cody Littlewood	Cod	y Littlewoo	d, Authorized Person	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
I here provisi the obi to mer notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing ations of my position as registered agent as providely reflect a change in the registered office address, left in writing of this change.	gree to act e performa ed for in C hereby co	in this cap nce of my hapter 603 nfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	s/Grace E. Kirby	<u>Gr</u>	Grace E. Kirby, Asst Vice President		
Signatu	re of Registered Agent				