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Fax	Number : (8	50)617-6383			
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		REGISTERED AGENTS INC.			
Acc		12009000081			
Pho)200-2803			
Fax	Number : (8	(55)330-1010			
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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. Na	nme of the limited liability company: Solla Inc	lustri	es LLC		
	190 PARADISE BLVD	,	_(b) PO BOX 100095		
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	UNIT 13				
	MELBOURNE, FL 32903		PALM BA	AY, FL 32970	
	09/04/19		L190002	24492	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	SOLLA, VANESSA				
	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of State	:	
	190 PARADISE BLVD				
	Registered Office Address (MUST BE FLORIDA STREET				
	UNIT 13				
	MELBOURNE , F	1. <u>329</u> 0)3		
(b)	Northwest Registered Agent	21			
(0)	Enter name of NEW Registered Agent and/or NEW Registers	020			
	7901 4th St N			100 E	
	NEW Registered Office Address:				
	STE 300		****	F. 150	
	St. Petersburg	. 3370)2	TO A SE	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

the articles of organization of the operating agreement			
Morgan Polle	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 notified in writing of this change.

Signature of Registered Agent