## Florida Department of State

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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 : (855)330-1010

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## LLC REGISTERED AGENT CHANGE INFINITY TECH HOLDINGS, LLC.

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K. Brumble)

## 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	lame of the limited liability company: <u>INFINITY TE</u>	<u>СН НО</u>	LDINGS	, LLC.	
2. (a)		(1	o)	···	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO	ted liability company:
		<del></del>			
	10/19/2019		L19000	0278521	
3.	Date of filing/registration in Florida	4.		Document number	Г
5. (a	ALPER TRUSTEES , LLC				
,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of St	ate:	
	255 PRIMERA BLVD			_	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES:	ภ		
	SUITE 160			<del></del>	
	LAKE MARY, FI	32746	5		
(b	Degistered Agents Inc				2023 HAY
` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ad	ldress:		FILE MAY -2
	7901 4th St N				-4 .
	NEW Registered Office Address:			<del></del> "	
	STE 300			<u> </u>	7: 2
					S
	St. Petersburg , FI	<u>. 3370</u>	2		
the chagent was/s the ar // Sign Sign I her provi. the old to me	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member representative of a member and agreement of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I seed in writing of this change.	the regi ability co of the lin limited Ro	stered offi ompany, it nited liabil liability co bin Jone	ice and the business of is hereby confirmed lity company or as of ompany.  S  Printed or typed name	office of the registered I that the change(s) herwise provided in

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

John N-60915 David Roberts - Assistant Secretary

Signature of Registered Agent