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JAN 2 6 2023

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	me of the limited liability company: UNBOU	<u>GHT</u>	<u>POW</u>	ER, LLC	
2. (a)		(ł)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	
		7901 4th St N STE 300		7901	4th St N STE 30	00
		St. Petersburg FL 33702	_	St. Pet	ersburg FL 33702	
		01/21/20		L200	00027346	
3.		Date of filing/registration in Florida	4.		Document number	
5. (a)	MUBARAK, RASHA				
		Registered Agent and Registered Office shown on the records of 7901 4th Street N	the Florida	i Dept. of St	ate	
		Registered Office Address (MUST BE FLORIDA STREET	ADDRESS			-3
		Suite 300			~	:23
		St. Petersburg , FI	33702	2		11. F
41))	Registered Agents Inc				
,,		Emer name of NEW Registered Agent and/or NEW Registered Office address:		<u> </u>	AH 6:	
		7901 4th St N				C. 70
		NEW Registered Office Address				
		STE 300				
		St. Petersburg	33702)		
the c agen was/ the a	hai t w we rtic	mited liability company is not organized under the large or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited life authorized by an affirmative vote of the members of less of organization or the operating agreement of the	f the regis ability co of the lim -limited l	stered offic impany, it ited liabil	ce and the business of is hereby confirmed t ity company or as oth ompany.	Tice of the registered (hat the change(s)
		are of a member of authorized representance of a member			Printed or typed name t	•
prov the o to me	isio bli re led	y accept the appointment as registered agent and agons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change. David Roberts - Assistan	performa d for in C hereby ca	ince of mi Thapter 6U infirm tha	pacity. I further agre y duties, and I am fam 15, F.S. Or, if this doc t the limited liability o	e to comply with the iliar with and accept zument is being filed company has been
		of Registered Agent	00010	,		

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