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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 NEW MOVEMENT VENTURES LLC

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HAPLEMIEUX APR 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 us registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: NEW MOVEMENT VENTURES LLC					
2.	(a)						
	` ,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
3.		03/13/2020 Date of filing/registration in Florida		0081161 Document number			
_							
5.	(a)	TQ FINANCIAL SERVICES LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
		4807 SOUTH STATE RD 7					
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)				
		DAVIE .		· —			
	(b) Registered Agents Inc						
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:	© ;	2023		
		7901 4th St N					
		<u>NEW</u> Registered Office Address:		-	.5 2		
		STE 300		- -	ru		
				•	PH		
		St. Petersburg	FL 33702	- · ·	₽. ₽.		
16	rho li	imited liability company is not organized under the		Elorida, it is hereby confirme	\Leftrightarrow		
the ag wa the	e cha ent v is/we e arti	age or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe cles of organization or the operating agreement of	s of the registered of d hability company, rs of the limited liab	fice and the business office of it is hereby confirmed that the ility company or as otherwise	the registered change(s)		
1	10	ture of a member or authorized representative of a member	Robin Jone	Printed or typed name of signer			
pr the	ovisi 2 obl mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address I in writing of this change.	agree to act in this c lete performance of r ided for in Chapter (s, I hereby confirm th	apacity. I juriner agree to come duties, and I am familiar wists, F.S. Or, if this document at the limited liability compa	imply with the rith and accep t is being filed ny has been		

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

Durid K-&95 David Roberts - Assistant Secretary

Signature of Registered Agent