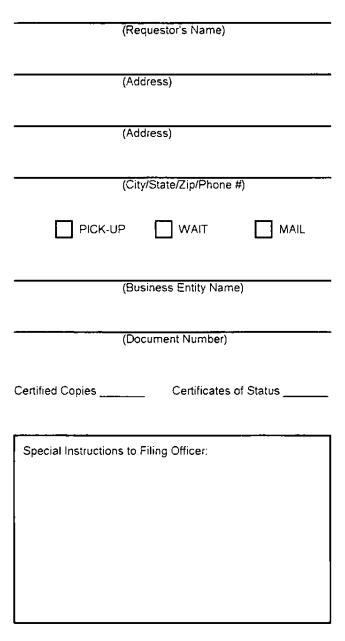
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03/22/24--01008--019 **450.00

COVER LETTER

TO: Registration Section Division of Corporations				
WAZ CAPITAL, LLC SUBJECT:				
	ited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
JOSE LUIS LOPEZ				
Name of Person				
MX GLOBAL CENTER LLC				
Firm/Company				
10330 LAKE RD SUITE F				
Address				
HOUSTON, TEXAS 77070				
City/State and Zip Code				
success@mxglobal.center				
E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, please co	all:			
JOSE LUIS LOPEZ 83	2 603-0972			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount	:			
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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:WAZ CAPITAL	, LLC				
2. ((a)	2600 S DOUGLAS RD		(b	2600 S DOUGLA	AS RD	
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	Mailing	address of limited liability company: **: MAY BE POST OFFICE BOX**)	
		SUITE 800			SUITE 800		
		CORAL GABLES, FLORIDA 33134-6149	_		CORAL GABLE	S, FLORIDA 33134-6149	
		6/1/2020			L20000142471		
3.		Date of filing/registration in Florida	4.	-	Docu	ment number	
5.	(a)	360 CORPORATE SOLUTIONS LLC					
J.	(4)	Registered Agent and Registered Office shown on the records of	f the Flo	rida	Dept. of State:		
		2600 S DOUGLAS RD			-	2	:
		Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)		921 ₁	
		PH-8					
		CORAL GABLES	33134	1		2021 1130 22	
			L <u>33134</u>	·		<u>.</u> ₽ŧ	
,	(b)	Registered Agents Inc				\$311:29	
,	U)	Enter name of NEW Registered Agent und/or NEW Registered	d Office	add	ress:	: >2	
						<u>C</u>	
		NEW Registered Office Address:					
		7901 4th St N Ste 300					
		St. Petersburg . FI	33702	2			
If th	اما	mited liability common is not considered and a death to					
ager was	nge nt w /we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e regist ability of the l	erec cor limi	d office and the b npany, it is hereb ted liability come	ousiness office of the registered	
					DEL ROCIO MI	PANDA	
Si	gnat	ure of a member or authorized representative of a member	_	117	<u> </u>	d or typed name of signee	
I he prot the to m noti	ereb visio obli iere fied	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I it in writing of this change.	ree to a perfor d for it hereby	act i mai n Ci i coi		=	he ept ed
C:a-	D	avid Roberts e of Registered Agent					
Sigt	ur	e or wekisteren whent					