Division of Corporations

Florida Department of State DIVINOR OF CORPOR

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(((H240001641973)))



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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 : (813)436-5206

*Ent@rtthe email address for this business entity to be used for future — annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE E-COMMERCE FACTORY GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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MAY 0 7 2024

K. Brumbley

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.

I. Na	ame of the limited liability company:	ACTORY GROUP	LIC
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/07/20		240475
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	ESCOBAR, LINA M		
J. (4)	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET) 3083 RIVERSIDE DR	<u>ADDRESS)</u>	
	CORAL SPRINGS, FL	33065	
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered		2024 H
	7901 4th St N		-6
	NEW Registered Office Address:		<u> </u>
	STE 300		
		33702	<u></u> સ્ટ
the cha agent v was/wa the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the street of a member or authorized representative of a member	vs of the State o the registered o ability company, if the limited lial	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	-	Printed or typed name of signee
provisi the obl to mere notific	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It dip writing of this change. NA PRIS David Roberts - Assistant Se	performance of d for in Chaptèr hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signatu	re of Registered Agent	-	

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H240001641803ABC-

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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 : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE FRIENDLY FISH, LLC

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人. Brumbley

Fax: 8134365206

Fax: 8134365206

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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

	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	(b)_	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)		
	03/15/23	L2	3000133410		
	Date of filing/registration in Florida	4.	Document number		
)	ANDERSON REGISTERED AGENTS, INC.				
,	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:				
	Registered Office Address (MUST BE FLORIDA STREET) 625 E. Twiggs Street, Suite 110	"ADDRESS)			
	Tampa . F	L ³³⁶⁰²	2024		
	Registered Agents Inc		2024 11: 17 -		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre			
			P		
	7901 4th St N				
•			······································		
	7901 4th St N				

Robani Joney Robin Jones 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.

David Roberts

- Assistant Secretary

Signature of Registered Agent