Fax: 8134365206

Division of Corporations



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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

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LLC REGISTERED AGENT CHANGE PIONEERING INNOVATIONS LLC

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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 Florida

| 2. (a) | | (b) | | | |
|---|--|---|--|---|--|
| . (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | - | tress of limited liability company: 1.4Y BE POST OFFICE BOX) | |
| | | | 10035F709 | | |
| 3. | Date of filing/registration in Florida | - - 4 . | Document number | | |
| | BARAKAT, MOHAMAD | ч. | Boetment humber | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET 16363 NW 49 AVE | | | | |
| | MIAMI | 33014 | | | |
| (b)_ | Northwest Registered Agent LLC | | 7024 SEP - 6 | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | | | | |
| | 7901 4th St N | | • | | |
| | NEW Registered Office Address | | | PH 12: | |
| | STE 300 | | · . | <u>9:</u> 39 | |
| | St. Petersburg . Fi | 33702 | | | |
| he cha igent w vas/we he artii | mited liability company is not organized under the lange or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cales of organization or the operating agreement of the | f the registered ability compa of the limited | d office and the business offic ny, it is hereby confirmed that liability company or as otherw | e of the registere (the change(s) | |
| <u> </u> | ure of a member or authorized representative of a member | Nat Smith | | | |
| | | | Printed or typed name of si | - | |
| l herel provisio he obli | y accept the appointment as registered agent and age ons 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. I | ree to act in the performance of for in Chap | us capacity. I further agree to of my duties, and I am familia ter 605. F.S. Or, if this docum my dearthy limins likelity can | ecomply with the with and acception is being filed to the control of the control | |