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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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LLC REGISTERED AGENT CHANGE **EXEKUTIE LLC**

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CHANGE OF THE STATE OF THE STAT

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	ame of the limited liability company: EXEKU	TIE LLC	
2. (a)		(b)	
- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/25/20	_ <u>L2</u>	0000264105
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICE	S INC.	
(,	Registered Agent and Registered Office shown on the records o	of the Florida Dep	t. of State:
	5237 SUMMERLIN COMMONS		
	Registered Office Address (MUST BE FLORIDA STREET		
	SUITE 400		
	FORT MYERS	L33907	
		1.	
(b)	Registered Agents Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address	:
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the Stat of the registere liability compa of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	R: hun Pak	Riley I	Park
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and ay ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	gree to act in the performance led for in Chap I hereby confu	his capacity. I further agree to comply with the of my duties, and I am familiar with and accep ster 605, F.S. Or, if this document is being filed on that the limited liability company has been

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent