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Division of Corporations

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Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE CREDENCE SOLUTIONS GROUP, LLC.

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T. LEMIEUX FEB 16 2022

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.

Florida. 1. Name of the limited liability company:	Credence Solutions Gro	oup, LLC.	
2. (a) Principal office address of limited liab (Note: MUST BE STREET AL	1011 y 2011 y 211 y 2	g address of limited liability company: e: MAY BE POST OFFICE BOX)	
7901 4th St N STE 300	7901 4th S	t N STE 300	
St. Petersburg FL	St. Petersbu	St. Petersburg FL 33702	
01/20/17	L2000039	94491	
3. Date of filing/registration in	Florida 4. Docu	ument number	
s (a) WARD, TYLER			
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept, of State:		
16319 PALMETTOGLEN			
Registered Office Address (MUST BE FI			
LITHIA	_{. FL} 33547	100	
Registered Agents Ir	IC.	~ 	
Enter name of NEW Registered Agent and/o			
7901 4th St N		::5 -	
NEW Registered Office Address:		ئے۔ ۔	
STE 300	11-	 	
St. Petersburg	, _{FL} 33702		
If the limited liability company is not organithe change or changes are made, the Florida agent will be identical. Or, in the case of a I was/were authorized by an affirmative vote the articles of organization or the operating a Signature of a member or authorized representative. I hereby accept the appointment as register provisions of all statutes relative to the properties obligations of my position as registered to merely reflect a change in the registered notified in writing of this change.	Street address of the registered office and Florida limited liability company, it is her of the members of the limited liability companies remember of the limited liability companies of a member Prince of the second of	reby confirmed that the change(s) mpany or as otherwise provided in y. Med or typed name of signee	

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

Assistant Secretary

Bill Havre

Signature of Registered Agent