Fax: 8134365206

Division of Corporations

Florida Department of State

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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 **NODUS REMEDY, LLC**

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NOV 0 9 2023

K. Brumble

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.

L N	ame of the limited liability company:		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 7901 4th St N STE 300	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St. Petersburg FL 33702	- -	
	12/31/20	L	L21000010611
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	NC AUTHORITY RA		
<i>5.</i> (11)	Registered Agent and Registered Office shown on the records of t	he Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	2	
	390 NORTH ORANGE AVE., STE 2300		2
	ORLANDO FL_	32801	. 023 N
(b)	Registered Agents Inc		2023 NOV - 8
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	Iress:
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FL	33702	
the cha agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the last of t	the registe bility com f the limite limited lia	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	- AUDIN	Printed or typed name of signee
I here provis the ob- to mer notific	by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. In d in writing of this change. David Roberts - Assistant Series of Registered Agent	performan I för in Ch erchy con	in this capacity. I further agree to comply with the