

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. N | ame of the limited liability company: Jimmy Liu | <u>ı Int</u> | ernatio | nal LLC |
|--|--|---|---|---|
| 2. (a) | | (1 | b) | |
| ~ / | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | _ 、 | ? | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) |
| | 7901 4th St N STE 300 | | 7901 4 | th St N STE 300 |
| | St. Petersburg, FL 33702 | _ | St. Peter | rsburg, FL 33702 |
| | 01/06/21 | | L2100 | 0019423 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) | REGISTERED AGTENTS INC | | | |
| 5. (0) | Registered Agent and Registered Office shown on the records of th | e Florid | a Dept. of State | - e: |
| | 7901 4TH ST N | | | _ |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | - |
| | STE 300 | | | 20 |
| | ST. PETERSBURG | 3370 | 2 | TALLAND |
| (b) | Northwest Registered Agent LLC | | MASSEE | |
| (-) | Enter name of NEW Registered Agent and/or NEW Registered Office add | | <u>idress</u> : | |
| | 7901 4th St N | | | FILED 2024 DEC -5 AH 9: 25 TALLANASSEE, FLORIDA |
| | NEW Registered Office Address: | | | 0, 5 |
| | STE 300 | • | | |
| | St. Petersburg, FL | 33702 | 2 | |
| the cha agent v was/w the art Signa | imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li <u>address of a member or authorized representative of a member</u> by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p | he regi sility co the lin imited Na | istered office ompany, it is nited liability liability com at Smith | e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signer active - I further garge to comply with the |
| the ob to mer notifig | ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he d'in writing of this change. | for in creby c | Chapte'r 605 onfirm that i | , F.S. Or, if this document is being filed the limited liability company has been |

Signature of Registered Agent

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

Taylor Newman - Assistant Secretary

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