To: 18506176383 Fax: 8134365206 1/30/2025 05:17:26 PST. Page: 1/2

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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 MAFRIS BRICKELL LLC

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K. SALY

JAN-3-1-2025----

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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.

1. Na	mafris Bricki	ELL LLC						
2. (a)	433 North Loop West Fwy	((b) 433 North Loop West Fwy					
L. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	.,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Houston TX 77008		Houston TX 77008					
	01/11/2021		L21000026	127				
3.	Date of filing/registration in Florida	— 4.		Document number				
- (a)	GLOBAL ADMINISTRATIVE SERVICES, LLC							
5. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. nt Sta	te:				
	4623 NW 84TH AVE							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	-				
				200				
	DORAL , FI	L_33166		THE JAN 30				
(b)	Northwest Registered Agent LLC			JAN 30 PM 5: 17				
` ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:					
	7901 4th St N			PH 5: 17				
	NEW Registered Office Address:			-				
	STE 300			_				
	St. Petersburg	33702 L_						
he cha gent v vas/we he arti	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the reg iability c of the lir e limited	istered office company, it nited liabili liability con	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in				
Signal	ture of a member or authorized representative of a member		: Smith	Printed or typed name of signee				
l herel rovisi he obl o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I din writing of this change. Taylor Newman - Assistant S	e perforn ed for in hereby o	ct in this cap nance of my Chapter 60 confirm that	racity. I further garee to comply with the				
Signation	re of Registered Agent							