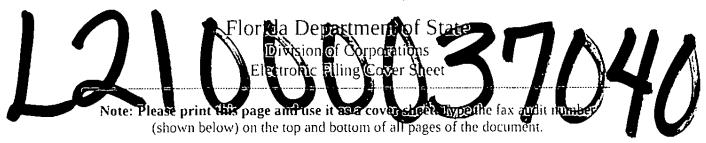
Division of Corporations



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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803 Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE PYTHIA STRATEGIES, LLC

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M-SCLOMON---

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Help

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

rwa					
1. N	ame of the limited liability company: PYTHI	ASTRAI	regies, llc	<u></u>	
2. (a)	4097 TAM O SHANTER	(b) 4	(b) 4097 TAM O SHANTER		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	TALLAHASSEE, FL 32309 UN	<u>T</u>	ALLAHASSEE, FL	32309 UN	
	01/19/2021	 L2	21000037040		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	ANNA A ALEXOPOULOS FARRAR				
(u,	Registered Agent and Registered Office shown on the record	Is of the Florida De	pt. of State:		
	4097 TAM O SHANTER				
	Registered Office Address (MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>			
				202 ::	
	TALLAHASSEE	. FL 32309			
(b)	Registered Agents Inc.			BRITEBILI AMIO: O	
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addres	<u>8</u> :	1.5 A 10 C	
	7901 4th St N			MID: 07	
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	. FL_33702			
the chagent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite tere authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the register ad liability comp ers of the limited	red office and the business of bany, it is hereby confirmed d liability company or as off fility company.	office of the registered that the change(s)	
Signa	ature of a member or authorized representative of a member		Printed or typed name	of signee	
provis the ob to mer	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp digations of my position as registered agent as provedy reflect a change in the registered office addressed in writing of this change. Bill Havre - Assis	vlete performand vided for in Cha	se of my duties, and I am far ipter 605, F.S. Or, if this do irm that the limited liability	nitiar with and accept ocument is being filed	

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

Signature of Registered Agent