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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 : (855)330-1010

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 CATALYST CONSTRUCTION AND DESIGN LLC

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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.

	me of the limited liability company: Cataly		b)	on And De	esign	IIC		
!. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		····	Mailing address of (Note: MAY BE				
	7901 4th St N STE 300		7901 4th St N STE 300					
	St. Petersburg FL 33702		St. Petersburg FL 33702					
	01/20/2021		L2100	0039647	,			
3.	Date of filing/registration in Florida	4.		Document nun				
. (3)	HOBIRK, JESSICA							
5. (a)	Registered Agent and Registered Office shown on the reco.	rds of the Flori	la Dept. of Sta	ite:				
	2453 FERNSIDE RD							
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRES	<u>(S)</u>	_				
	JACKSONVILLE	3224	6	_				
(b)	Northwest Registered Age			2022				
(0)	Enter name of NEW Registered Agent and/or NEW Regi			JU J	*			
	7901 4th St N			_	· ·	2022 JUN -7	では、	
	NEW Registered Office Address:				• •	A	0 0 10 10 10	
	STE 300	·····			AM 8: 10		C	
	St. Petersburg	_, _{FL} 3370)2	_	₹:	10		
the chagent was/was/was/was/was/was/was/was/was/was/	limited liability company is not organized under tange or changes are made, the Florida street addressil be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement of the operating agreement of a member of authorized representative of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and condigations of my position as registered agent as preely reflect a change in the registered office addressity reflect a change in the registered office addressity reflect a change in the registered office addressity of this change.	ess of the reted liability bers of the limited M	company, it mited liabil f liability colorgan N	is hereby confir ity company or a company. Oble Printed or typed	name of sign	the ch ise pro	ange(s) evided in	

Division of Corporations P.O. Roy 6327 Tall

Tom Glover - Assistant Secretary

fied in v<u>e</u>riting of this change.

Signature of Registered Agent