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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 DIGITAL POWER MOVE 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.

1. N	ame of the limited liability company: Digital Po	owe	r Move	LLC		
2. (a)			(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited liability company. (Note: MAY BE POST OFFICE ROX)		
	7901 4th St N STE 300		7901 4th St N STE 300			
	St. Petersburg FL 33702		St. Peter	sburg FL 33702		
	01/20/21		L2100	0039913		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	DOBSON, LOVETTE					
,	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	:		
	Registered Office Address (MUST BE FLORIDA STREET) 476 RIVERSIDE AVE. JACKSONVILLE	3220		- ~	2022 DEC 28 PM 4: 4	
(b)	Registered Agents Inc	,			1.1.1.0 28 PH 1	
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ddress:			
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg . FL	3370	2			
the cha agent was/w	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 li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the reg ability of the li	istered office company, it is mited liability	and the business of hereby confirmed to company or as other	fice of the registered hat the change(s)	
[2:12:72/2	R	ley Park			
Siena	sture of a member or authorized representative of a member			Printed or typed name of	t i i an an	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre - Assistant Secretary

Signature of Registered Agent