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			business entity to be used only one email address ple	
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	DIVITION SEEL FLORIDA		D AGENT CHANGE VENTURES LLC 0 0 02 \$25.00	- <i>.</i>
				M. SOLOMON
				NOV - 5 2024
			- <u>-</u>	

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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a)		(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	79	01 4th St N STE 300		
	St. Petersburg, FL 33702	St.	St. Petersburg, FL 33702		
	02/16/21	L210	000079719		
	Date of filing/registration in Florida	4.	Document number		
(a)	WASSERMAN, SETH				
147	Registered Agent and Registered Office shown on the records of				
	20283 State Road 7				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)			
	Suite #400		0 21		
	Boca Raton, I	L_33498	2024 XOV -		
(b)	Registered Agents Inc		S C		
0,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address	SC 70		
	7901 4th St N		2:37 2:37		
	NEW Registered Office Address:				
	STE 300				
	St. Petersburg	FL_33702			
cha nt w	mited liability company is not organized under the l nge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members	aws of the Sta of the registere liability compa	ed office and the business office of the regist any, it is hereby confirmed that the change(s		

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.

Printed or typed name of signee

David Karens David Roberts - Assistant Secretary

Signature of a member/or authorized representative of a member

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00