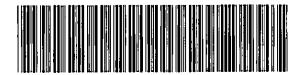
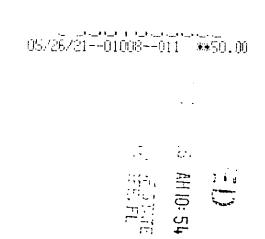
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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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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: Collektion Capita	al LLC							
2. (a)		(b				_	_		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Principal office address of limited liability company:			Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)				
	April 7, 2021	. 	 L210001472	96					
3. 5. (a)	Date of filing/registration in Florida Dale Hersowitz	4.		Document num	ърст				
υ. (u)	Registered Agent and Registered Office shown on the records of 2665 South Bayshore Drive	the Florida	Dept. of State	::					
	Registered Office Address (MUST BE FLORIDA STREET) Suite 220-95	ADDRESS)	, <u></u>						
	Miami , FL	33131							
(b)	Bolanos Truxton PA					;			
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		-	 			
	12800 University Drive								
	NEW Registered Office Address:				-	-''			
	Suite 350				197. 171.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Fort Myers, FL_	33907				(H) 10: 54	-		
agent v	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia tre authorized by an affirmative vote of the members of the of organization or the operating agreement of the l	registered bility con Crha limit	pany, it is	the business of hereby confirm	lfice of th led that th	c regist	ered		
Sinnar	ure of a member or authorized representative of a member	Dale I	lersowitz						
I herel provision the oblit to mere notified	by accept the appointment as registered agent and agree on so of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I have in yesting of this change.	ee to act in performan for in Ch ereby con	_	Printed or typed noity. I further a sity. I further a sties, and I am F.S. Or, if this e limited liabil	_		vith the d accept ng filed been		

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