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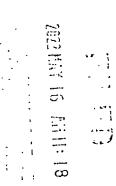
(Requestor's Name)						
(Address)						
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## **COVER LETTER**

Enclosed is a check for the follow  \$25 Filing Fee		\$55 Filing Fee & Certified Copy		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Name of Person	at (	) Area Code & Daytime Telephone Nu	mber	
For further information concerning this material Andrew B. Fuller	tter, please call:	491-6015		
E-mail address: (to be used for future	•	inication)	121	ထ
Contact@CryptoDynamics.net		<del>.:</del>	• •	·:-
City/State and Zip Coo	ie		. ;	
Tallahassee, FL 32309				2013 HEY 61 MAN 6200
Address		<del></del>		<b>→</b>
2705 Whitney Drive North			ro 63	703
Firm/Company				
Crypto Dynamics LLC				
Name of Person		-		
Andrew B. Fuller				
Please return all correspondence concerning	g this matter to th	e following:		
The enclosed Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.		
Dear Sir or Madam:				
	Name of Limited	Liability Company		
Crypto Dynamics LLC SUBJECT:				
TO: Registration Section Division of Corporations				

## 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: (Typio Dynamics	s LLC		
2. (a)				
<b>2.</b> (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of li	imited liability company: POST OFFICE BCE,
	3210 Whirlaway Trail		2705 Whitney Drive North	
	Tallahassee, FL 32309		Tallahassee, FL 32309	
	04/19/2021	L	21000181 <b>62!</b>	
3.	Date of filing/registration in Florida	4.	Document numb	ber
5. (a	)			
(0	Registered Agent and Registered Office shown on the records of		Dept. of State:	
	LegalCorp Solutions, LLC			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS <sub>I</sub>		
	3440 W Hollywood Blvd. Suite 415			
	Hollywood FI	33021	<del></del>	202
				§
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	d Office <u>addı</u>	ess:	क ो
	Andrew B. Fuller			
	NEW Registered Office Address:			
	2705 Whitney Drive North			ံ ႏုံ တ
	Taliahassee . FI	J 32309		
chang agent was/w the art Sign:  I here provis the obto motifie	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members accept to a member or authorized representative of a member accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I writing of this change	e registered ability com of the limit limited lia Andre	office and the business of pany, it is hereby confirm ed liability company or as bility company.  w B. Fuller  Printed or typed not this capacity. I further a	Tice of the registered ed that the change(s) otherwise provided in make of signee