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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.

l. Na	me of the limited liability company: Southern	Oak	Softwa	are Solution	ns, L	LC
2. (a)	- · · · ·	_ (b)			
· · · · · · ·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		failing address of limite (Note: MAY BE POS	•	• •
	7901 4th St N STE 300	7901 4th St N STE 300 St. Petersburg FL 33702				
	St. Petersburg FL 33702					
	05/27/21		L21000	0248897		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	LUPA ENTERPRISES INC					
., (u)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	:		
	600 CLEVELAND STREET SUITE 393	3				
	Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS	2			
	CLEARWATER	33755	<u> </u>			
(b)	Registered Agents Inc.					
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:			
	7901 4th St N					
	NEW Registered Office Address:			ć	·-	
	STE 300			Ĭ	G ALS	21
	St. Petersburg	33702	2		Light.	2022 HAR
the cha agent w was/we	mited liability company is not organized under the lawinge or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabre and the liabre are supplied to the liabre and the liabre are supplied to the liabre and the liabre are supplied to the liabre are supplied	the registability control the limited l	stered office ompany, it is lited liability	and the business of hereby confirmed to company or as oth	mátice or u mátiche d Symse p	that after be registered
Signat	ure of a member or authorized representative of a member			Printed or typed name	of signee	
I herel provision the oblition mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete partions of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. Bill Havre - Assistant	perform for in (ereby co	ance of my a Chapter 605, onfirm that i	tuties, and i am jan , F.S. Or, if this do	uuar wu cument i	n ana accep s being filed

Signature of Registered Agent