4/15/24, 9:16 AM

Filorida Department of State División of Combrations Alectronic Filing Lover Sheet

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To:

Olvision of Corporations

Fax Number : (250)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 128090080881 Phone : (387)208-2803 Fax Number : (813)436-5206

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 WEALTHENV LLC

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DEPARTS AN 9:56

Electronic Filing Menu — Corporate Filing Menu

M. SOLOMON APR 1 5 2024

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.

	une of the limited liability company: WEALTHENV LLG		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/02/21		00347681
3.	Date of filing/registration in Florida	4.	Document number
	Sunshine Corporate Filings LLC		2 seamen manoer
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	, of State:
	7901 4th St N S1E 300		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	St. Petersburg	33702	
(b)	Registered Agents Inc		i , $i\bar{n}$, i
ζ-,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		
	NEW Registered Office Address:		_
	STE 300		
	St. Petersburg , FI.	33702	
he cha igent v vas/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libre authorized by an affirmative vote of the members of less of organization or the operating agreement of the	f the registered ability compa of the limited	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	The dia series for a congreture of a member of a member	Robin Jon	nes
			Printed or typed name of signee
l herei provisi he obl	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I	rce to act in the performance of for in Chap	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accep ter 605, F.S. Or, if this document is being filed

Signature of Registered Agent