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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.

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L N	Tame of the limited liability company: <u>EXTEN</u>	NOIVE SOLI	EILO LLO				
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		160 \	W. CAMINO REAL Unit #853				
		BOCA	RATON FL 33432				
	08/18/2021	L210	000370104				
3.	Date of filing/registration in Florida	4.	Document number				
	LEGALINC CORPORATE SERVIC	ES INC.					
5. (a	Registered Agent and Registered Office shown on the record						
	5237 SUMMERLIN COMMONS	•					
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	<del></del>				
	SUITE 400		(O P)				
			ZOZZ OCT SECRETALI AT				
	FORT MYERS	, FL. <mark>33907</mark>					
.1	Registered Agents Inc.		HASY				
(b	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:					
	7901 4th St N		SESTATE D				
	NEW Registered Office Address:		<del></del>				
	STE 300		₫Ø				
			<del></del>				
	St. Petersburg	, <sub>FL</sub> 33702	<del></del>				
the chagent was/v	limited liability company is not organized under the nange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membericles of organization or the operating agreement of	ss of the registered of ed liability company, ers of the limited liab the limited liability	fice and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in company.				
Cine	nature of a member or authorized representative of a member	Riley Pai	Printed or typed name of signee				
_	eby accept the appointment as registered agent and	lauree to act in this					
provi the or to me	eby accept the appointment as registered agent and signs of all statutes relative to the proper and comp bligations of my position as registered agent as proverely reflect a change in the registered office addrested in writing of this change.	vided performance of i wided for in Chanter	my duties, and 1 am familiar with and accep 6D5   F S   Or - if this document is being filed				

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent