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DATE: 02/21/22

NAME: AXIA GEOCAPITAL LLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST:

25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

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.

2. (a)	307 SE 14th Steet Fort Lauderdale Florida 33316 (b)			4th Steet Fort Lauderdale Florida 33316				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(5		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	08/26/2021		210002855	540				
3.			_210003855 					
5. (a)	Date of filing/registration in Florida UNITED CORPORATE SERVICES, INC.	4.		Document number				
J. (a)	Registered Agent and Registered Office shown on the records 9200 S DELAND BLVD	of the Florida	Dept. of Stat	e:				
	Registered Office Address (MUST BE FLORIDA STREE) STE 508	T ADDRESS	1	- T	2022 FEB 2 SECREIA TALLA		C47751	
	MIAMI	FI 33156		 سمم مريق:		į		
(b)	Registered Agent Solutions, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		- (S)	꽃 -	1 NH 9: 09			
	155 Office Plaza Dr.			···		وَ		
	NEW Registered Office Address:			_				
	Suite A			_				
	Tallahassee I	FL ³²³⁰¹		_				
change agent v was/we	imited liability company is not organized under the lear changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating authorized by	he registered liability con s of the limi	d office and npany, it is ted liability	d the business office of the shereby confirmed that we company or as otherwise.	the regis	stere nge(ed s)	
Clamas				N Georghiades		•		
_	ture of a member or authorized representative of a member			Printed or typed name of sig	-	•	, ,	
provisi the obli to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provia ly reflect a change in the registered office address, . I'in writing of this change.	gree 10 act i le performa led for in Ci I hereby coi	n this cape nce of my c hapter 605 ufirm that i	icity. I further agree to luties, and I am familia , F.S. Or, if this docume the limited liability comp	comply with a ent is be pany ha	with nd a ging is bei	n the ccept filed en	

/s/ Brian Smith, Asst. Secretary of Registered Agent Solutions, Inc.