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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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LLC REGISTERED AGENT CHANGE ACTIVE CREDIT LLC

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SEP - 2 2022

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

Na (a)	me of the limited liability company: AC		b)	
(11)	Principal office address of limited liability (Note: MUST BE STREET ADDR.	company:		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	09/09/2021			000400802
	Date of filing/registration in Flo	rida 4.		Document number
(b)	Registered Agent and Registered Office shown on 336 E. College Ave. Registered Office Address (MUST BE FLORI) Suite 301 Tallahassee Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Agent.	DA STREET ADDRES	1	2022 SEP - 1 PH 2:
	7901 4th St N			5
	NEW Registered Office Address: STE 300			<u> </u>
	St. Petersburg	FL_3370	2	
e cha ent v as/we	imited liability company is not organized ange or changes are made, the Florida strevill be identical. Or, in the case of a Florier authorized by an affirmative vote of the cles of organization or the operating agree	et address of the reg da limited liability o e members of the li	istered of company, mited liab	fice and the business office of the register it is hereby confirmed that the change(s) ility company or as otherwise provided in
<u> </u>	Lux Park	Ri	ley Par	k
Signa	ture of a member or authorized representative of a I	nember		Printed or typed name of signee
ovisi 2 obl mer	by accept the appointment as registered a ions of all statutes relative to the proper a ligations of my position as registered ager ely reflect a change in the registered offic d in writing of this change.	nd complete perfori it as provided for in	nance of t Chapter (ny duties, and Fam familiar with and acc 605, F.SOr, if this document is being fi

Bill Havre - Assistant Secretary

Signature of Registered Agent