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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE BABIN USA PROPERTIES LLC

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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

| (a) | | (| b) | | | | |
|----------------------------------|---|--|--|--|-----------------------|-------------|----------------------|
| (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | | |
| - | 7901 4th St N STE 300 | | 7901 4t | h St N STE 3 | 300 | | |
| 5 | St. Petersburg FL 33702 | - | St. Peter | sburg FL 3370 | 2 | | |
| 0 | 9/15/2021 | | L21000 | 0408668 | | | |
| | Date of filing/registration in Florida | 4. | | Document numbe | г | | |
| . (a) E | BABIN, DAVID | | | | | | |
| R | egistered Agent and Registered Office shown on the records of the | : Flori | la Dept, of State | : | | | |
| 2 | 2300 E LAS OLAS BLVD | | | | | | |
| R | Registered Office Address (MUST BE FLORIDA STREET AL | DRE. | <u>(S)</u> | | | | |
| 4 | 4TH FL | | | | | | |
| - F | FORT LAUDERDALE .FL3 | 330 | 1 | | : <u>-</u> | 2027 | |
| (b) F | Registered Agents Inc. | | | | | 2022 APR 27 | - 3 |
| | nter name of NEW Registered Agent and/or NEW Registered C | ffice : | ddress: | | • | 27 | 문소중 |
| • | 7901 4th St N | | | | - | AH | |
| 2 | NEW Registered Office Address: | | | | 2.5 | 7: 22 | |
| , | STE 300 | | | | • | ~ | |
| | St. Petersburg, FL3 | 370 |)2 | | | | |
| he chang gent wil vas/were | nited liability company is not organized under the laws ge or changes are made, the Florida street address of t Il be identical. Or, in the case of a Florida limited liab e authorized by an affirmative vote of the members of les of organization or the operating agreement of the li | he repolity the li | gistered office company, it is mited liability | : and the business s hereby confirme y company or as o | office o d that th | it the i | registered nge(s) |

Signature of a member or authorized representative of a member

Bill Havre

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the change and the change in the change in the change in the change. notified in writing of this change.

Signature of Registered Agent

Assistant Secretary