

Florida Department of State Division of Corporations

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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 RAPID FORGE 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 Florida.

1. N	ame of the limited liability company: RAPID FO	<u>)RG</u>	ELLC	<u></u>
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)
		_		
	09/22/21		L2100	00418439
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	UNITED STATES CORPORATION AG	ENT:	S, INC.	_
	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of Sta	te:
	5575 S. SEMORAN BLVD.			
	Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS	1	_
	36			202
	ORLANDO EL 3	32822)	2 Ji
			-	1022 JUL 26
(b)	Registered Agents Inc.			6 문설계
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ade	dress:	- Pp (===================================
	7901 4th St N			
	NEW Registered Office Address:			-
	STE 300			_
	St. Petersburg	33702)	_
the cha agent was/w	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regis pility co the lim	stered offic ompany, it ited liabili	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
$ \leq$	iley Tark	Rile	ey Park	
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. Bill Havre - Assistant	erform for in C ereby co	ance of my Thapter 60 onfirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed

Signature of Registered Agent