Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (551)214-3442 Pax Number

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

govdocs@corpcreations.com Email Address:_

LLC REGISTERED AGENT CHANGE PROTON MAGNETICS 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. | ame of the limited liability company: PROTON MA | GNETICS L | LC | |
|--|--|---|--|--|
| 2. (a) | ZEAO OD DUBLIDO DIVO | (b) | 7512 DR PHILLIPS BLVD | |
| 2. (a _, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | SUITE 50-308 | | SUITE 50-308 | |
| | ORLANDO, FL 32819 | | ORLANDO, FL 32819 | |
| | 10/05/2021 | | L21000435869 | |
| 3. | Date of filing/registration in Florida | 4, | Document number | |
| 5. (a | CUMBIE, WILLIAM, PA Registered Agent and Registered Office shown on the records of 2021 ART MUSEUM DRIVE, SUITE 140 | | of State: | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | JACKSONVILLE , FI | 32207 | 030 050 | |
| (b | Corporate Creations Network Inc. | | | |
| , , | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | 1 94 | |
| | 801 US Highway 1 | | AM (1): 27 | |
| | NEW Registered Office Address: | | | |
| | North Palm Beach | 33408 | | |
| | North Palm Beach FI | <u>, 33406</u> | | |
| chan agen was/ | limited liability company is not organized under the large or changes are made, the Florida street address of the twill be identical. Or, in the case of a Florida limited liwere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registered off ability compan of the limited l | ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in | |
| | chal Joseph nature of Amember or authorized representative of a member | | Rachel Joseph, Attorney-in-Fact | |
| Sig | nature of member or mithorized representative of a member | | Printed or typed name of signee | |
| I he prov the o to me notif | reby accept the appointment as registered agent and agi isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide prely reflect a change in the registered office address, I ted in writing of this change. | ree to act in the performance of d for in Chapt hereby confirm | is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605. F.S. Or, if this document is being filed a that the limited liability company has been | |
| Ra | chal Oosach Rachel Joseph, Special Secreta | | | |