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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

*Effer the email address for this business entity to be used for future #29nnual report mailings. Enter only one email address please.** Email Address:____

LLC REGISTERED AGENT CHANGE **EXCELERATENOW LLC**

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T. LEMIEUX

JUN 1 4 2023

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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 Floridà:

1. Na	me of the limited liability company: Excel	eratenow l	lc ,
2. (a)	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10/29/2021	L2	21000470428
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agents Inc		
J. (a)	Registered Agent and Registered Office shown on the reco	ords of the Florida Dep	ot. of State:
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRESS)	
	476 RIVERSIDE AVE.		
	JACKSONVILLE	, FL 32202	
		, FL	
(b)	Registered Agents Inc		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office address	20
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		-
	312 300		P (
	St. Petersburg	. FL 33702	<u></u> 6.
the cha agent w was/we	mited liability company is not organized under ange or changes are made, the Florida street addryill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the memory of organization or the operating agreement	ess of the registere ited liability comp abers of the limited	te of Florida, it is hereby confirmed that after ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
1/	1	Dahin	Jones
L Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
I herek	ov accept the appointment as registered agent at	nd agree to act in t	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep- pter 605, F.S. Or, if this document is being filed

Signature of Registered Agent