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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 : (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 VALENTINO TECHNOLOGIES LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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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	Same of the limited liability company: Valenting	Techno	ologies LLC				
2. (a)	Principal office address of limited liability company.	Mailing address of limited liability company:					
	(Note: MUST BE STREET ADDRESS)	(<u>Note: MAY BE POST OFFICE BOX)</u>					
	11/16/21	– – L2	L21000492654				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a	LEGALING CORPORATE SERVICES INC Registered Agent and Registered Office shown on the records of		of State.				
	Registered Office Address (MUST BE FLORIDA STREET)	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	476 RIVERSIDE AVE.		023				
	JACKSONVILLE .FI	, 32202		2023 APR 27 AM II: 33	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
(b)	Registered Agents Inc		7 ≥				
	Enter name of NEW Registered Agent and/or NEW Registered	Enter name of NEW Registered Agent and/or NEW Registered Office address.					
	7901 4th St N			AHII: 33			
	NEW Registered Office Address						
	STE 300		<u></u>				
	St. Petersburg						
the chagent was/w	limited liability company is not organized under the lar range or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compar of the limited b	office and the business of ay, it is hereby confirmed the liability company or as other	fice of the regist hat the change(s	tered :)		
	Ending the factorized representative of a member of authorized representative of a member		ROBIN JONES				
Sign	ature of a member of authorized representative of a member	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 registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent