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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.

(a)		(	b)	
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )			Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
	66 W Flagler Suite 900		66 W Flag	ler Suite 900
	Miami Florida 33130		Miami Flor	rida 33130
	11/16/21	<u> </u>	L210004934	
	Date of filing/registration in Florida	4.		Document number
(a)	ZenBusiness Inc.			
	Registered Agent and Registered Office shown on the records of 336 E. College Ave.	of the Florid	a Dept. of Sta	te.
				_
	Registered Office Address (MUST BE FLORIDA STREE	CADDRES	<u>\$9</u>	- 102 102
	Registered Office Address <u>(MUST BE FLORIDA STREE</u> Suite 301	( ADDRES	<u>\$7</u>	TALL
	-	r <i>addres</i> TL <sup>32301</sup>	<u>\$)</u>	TALLAHAS FALLAHAS
(b)	Suite 301 Tallahassee	1_ <sup>32301</sup>		MA HOY I 8 PH
(b)	Suite 301 Tallahassee F	1_ <sup>32301</sup>		MANDY 18 PH S: 2
(b)	Suite 301 Tallahassee	1_ <sup>32301</sup>		TALLAHASSEL FLOWID
(b)	Suite 301 Tallahassee	1_ <sup>32301</sup>		MANDY 18 PH 5: 27
(b)	Suite 301 Tallahassee, H Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> 7901 4th St N	1_ <sup>32301</sup>		TALLANASSEL, FLORID

the change or changes are made, the Florida street address of the registered office and the business office of the register agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rolation for one get Signature of a member or authorized representative of a member

Printed or typed name of signee

**Robin Jones** 

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 active in writing of this change.

wid K protis David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00