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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 : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address allowers Email Address:

LLC REGISTERED AGENT CHANGE PEN OF A READY SIGNER, LLC

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Fax: 8134365206

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

rioria	u.		•	
1. N	ame of the limited liability company: PEN OF A REAL	DY SIGNER, LL	C	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of timited liability company:	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)	
	11/17/21	L21	000493719	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	INC AUTHORITY RA			
. (4,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	390 NORTH ORANGE AVE., STE 2300-N			
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)		
			S 2.	
	ORLANDO F	L 32801	024 J.	
(b)	Northwest Registered Agent LLC		FIL 2024 JAN 22 RECTETARY PAILAHAS	
,	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	ी के कि जा कि जिल्हा के जा कि जा क	
	7901 4th St N		FILED DE JAN 22 PM 1: 12 ECTETARY OF STAT ALLAHASSEF, FI	
	NEW Registered Office Address:		TE ~	
	STE 300			
	St. Petersburg	L		
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ws of the Star of the registere iability compa of the limited	e of Florida, it is hereby confirmed that after d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
	Nat Smith	Nat Smit		
	1			

Printed or typed name of signee Signature of a member or authorized representative of a member

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.

Taylor Newman - Assistant Secretary

Signature of Registered Agent