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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

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LLC REGISTERED AGENT CHANGE 310 FERRARA CT, LLC

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T. LEMIEUX Help MAY 0 2 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, Florido 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 Florido.

i.	Na	me of the limited liability company: 310 FERR	ARA C	T, LI	-Ċ		···	· <u> </u>		
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)								any:
		110 COOPER ST STE 250			<u>РО ВОХ</u>	250				
		BABYLON, NY 11702			BABYLC	ON. NY 11	702	<u>-</u>		
3.		12/28/2021 Date of filing/registration in Florida	4,	_	2100053	34122 Document	number			·
5.	(a)	COGENCY GLOBAL INC. Registered Agent and Registered Office shown on the record 115 N CALHOUN ST STE 4 Registered Office Address (MUST BE FLORIDA STRE			Dept. of State					
		TALLAHASSEE .				-	الله		2023 HTY - 1 PM 5:	·
	(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered Agent and NEW Registered Agent	ered Offic	e addı	(1855)	-				
		7901 4th St N NEW Registered Office Address.				-		: 	Q.	
		STE 300								
		St. Petersburg	FL_33	702						
the age was the	e cha ent wo is/wo e arti ? 	mited liability company is not organized under the nge or changes are made, the Florida street addressed be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of the operating agreement of the operation of a member of a member of a member.	s of the r d liabilit rs of the the limit	egist y con limit ed lia	ered office upany, it is ed liability	e and the bus s hereby cor y company o	siness o ifirmed or as otl	office o that the nerwise	f the re e chang provic	gistered ge(s)
pro the to	ovisi 2 obl. mere	by accept the appointment as registered agent and complons of all statutes relative to the proper and comploations of my position as registered agent as provity reflect a change in the registered office address I in writing of this change.	agree to lete perfo ided for s, I herek	act i ormai in Cl iy coi	n this cape nce of my e hapter 605 ifirm that i	acity. I furt duties, and i i. F.S. Or, i the limited l	her agri Lam fan Lthis do iability	ee to co niliar w ocumen compa	omply v zith and t is bei ny has	vith the d accept ng filed been

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

David Noberts - Assistant Secretary

Signature of Registered Agent