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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081

: (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Em-11       | Address: |  |  |  |
|-------------|----------|--|--|--|
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## LLC REGISTERED AGENT CHANGE **EXPEDE TRADERS 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                          | ame of the limited liability company: EXPEDE  | TRADE  | RS LLC  |  |  |
|-------------------------------|---|--|---|--|--|
| 2. (a)                        | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | =  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |  |  |
| 7                             | 01/04/22  |  | 2000021082  |  |  |
| 3.                            | Date of filing/registration in Florida  LEGALINC CORPORATE SERVICES   | 4.   | Document number   |  |  |
| 5. (a)                        | Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.  Registered Office Address (MUST BE FLORIDA STREET)   | of State:  | , <u>2</u> 2  |  |  |
|                               | JACKSONVILLE  | 32202  |   | 1023 JAN -   |  |
| (b)                           | Enter name of NEW Registered Agent and/or NEW Registered  |  | or en   |  |  |
|                               | 7901 4th St N   |  |   | ## ID: 22  |  |
|                               | NEW Registered Office Address: STE 300  |  | ζ,  |  |  |
|                               | St. Petersburg  | L33702   |   |  |  |
| the cha<br>agent v<br>was/wa  | imited liability company is not organized under the la<br>inge or changes are made, the Florida street address o<br>vill be identical. Or, in the case of a Florida limited li<br>ere authorized by an affirmative vote of the members<br>icles of organization or the operating agreement of the | f the registered<br>lability compan<br>of the limited li                   | office and the business offic<br>y, it is hereby confirmed that<br>ability company or as others<br>y company.                     | ce of the registered in the change(s)  |  |
| Signa                         | ture of a member of authorized representative of a member   |  | Printed or typed name of s  | signee   |  |
| provisi<br>the obl<br>to mere | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address, I d in writing of this change.  | ree to act in this<br>performance of<br>ed for in Chapte<br>hereby confirm | s capacity. I further agree to fax duties, and I am famili for 605, F.S. Or, if this documentative that the limited liability con | o comply with the<br>ar with and accept<br>ment is being filed<br>mpany has been |  |

David Roberts - Assistant Secretary

Dodd Adens

Signature of Registered Agent