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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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Emaıl	Address:	



LLC REGISTERED AGENT CHANGE **HUMANITY 2.0 LLC**

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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.	Në	me of the limited liability company: HUMANIT	TY 2.0 LLC			
	(a)			(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
2		01/24/2022 Date of filing/registration in Florida	L	L22000044050 Document number		
3.		<i>"</i> "	⁴1.	Document names		
5.	(a)	CLINE, MICHAEL Registered Agent and Registered Office shown on the record	in a fabra Flacida Da	Over at Save		
			is of the Pionua De	rept. or state.		
		105 LIGHTHOUSE CIRCLE Registered Office Address (MUST BE FLURIDA STRE				
		APT. B				
		TEQUESTA	, FL_33469			
	(b)	Northwest Registered Agent LLC		AG 💆		
	` ′	Enter name of NEW Registered Agent and/or NEW Registered				
		7901 4th St N		SAN CONTRACTOR OF A PROPERTY O		
		NEW Registered Office Address:				
		STE 300				
		St. Petersburg	, _{FL} 33702			
the ag wa	e cha ent v as/wo	imited liability company is not organized under the	e laws of the Sta s of the register d liability comp ers of the limite	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
_/	1/	W Smith	Nat Si			
	_	ture of a member or authorized representative of a member		Printed or typed name of signee		
pr the to no	herel ovisi e obl mere tifica	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provily reflect a change in the registered office address in the registered office address.	agree to act in lete performand vided for in Cha s, I hereby conf	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept napter 605, F.S. Or, if this document is being filed afirm that the limited liability company has been		
zi Zi	griatu	Taylor Newman - Assistant Secre	etary			