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Division of Corporations

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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 RMATH5 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. Na	ame of the limited liability company: RMATH	5 LLC						
2. (a)	3561 W 92ND PL.	92ND PL. (b) 3561			W 92ND PL.			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address (Note: MAY)	of limited li	-		
	HIALEAH, FL 33018		HIALEA	H. FL 3301	3			
	02/03/2022	Į	_2200	005975	7			
3.	Date of filing/registration in Florida	4.		Document nu	ımber			
5. (a)	UNITED STATES CORPORATION A	GENTS	S, INC.					
<i>J.</i> (11)	Registered Agent and Registered Office shown on the records o	the Florida I	Dept. of Stat	e'				
	5575 S. SEMORAN BLVD.			_				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>						
	36			_				
	Orlando _F	.32822						
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	d Office add	ress:	-		22		
	NEW Registered Office Address:			-		63		
	STE 300					17		
	St. PetersburgF	33702		_		<u>\$</u>		
the cha agent v was/we the art Signa	imited liability company is not organized under the launge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete	f the regist iability cor of the limited lia Rile	ered officentially it is the distribution of t	e and the busing hereby configured or type acity. I further	ness officirmed that as otherwall name of s	te of the the charies pro-	e registered nange(s) ovided in	

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassec, FL 32314 F1L1NG FEE: \$25.00

Signature of Registered Agent