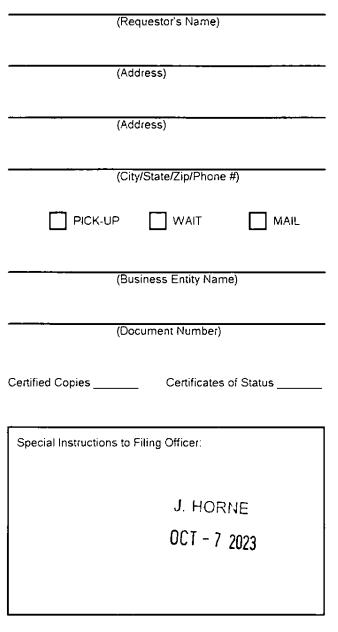
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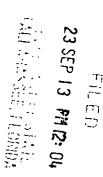






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## COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	AGI CAPITAL, LLC					
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Off	ice Change and for	ee(s) are submitted for filing.			
Please	return all correspondence concerning th	is matter to the fo	llowing:			
GEOR	GE DENNISON II					
	Name of Person		nu.			
DENNI	SON & MATTHEWS, PLLC					
	Firm/Company		_			
7575 D	r. Phillips Blvd. Suite 170					
·	Address		_			
Orlando	o, Florida 32819					
	City/State and Zip Code		_			
george(	@dennisonmatthews.com					
E	E-mail address: (to be used for future annual report notification)					
For fur	ther information concerning this matter,	please call:				
GEORG	GE DENNISON II	407 at (	7207441			
	Name of Person	_ " (	Area Code & Daytime Telephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303			
	Enclosed is a check for the following	amount:				
	■ \$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy			

INHS18 (2/14)

## 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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  7575 DR. PHILLIPS BLVD SUITE 170  ORLANDO, FL 32819  10/15/2021  10/15/2021  3. Date of filing/registration in Florida  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  CORPORATE AGENT ALLIANCE LLC  Registered Office Address  Mailing address of limited liability (Note: MAY BE POST OFFICE)  7575 DR. PHILLIPS BLVD SUITE 170  ORLANDO, FL 32819  10/15/2021  L22000085692  3. Date of filing/registration in Florida  4. Document number  5. (a)  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  CORPORATE AGENT ALLIANCE LLC  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  3300 S HIAWASSEE RD. SUITE 106  ORLANDO  FL 32835		(b)		2 (a)
ORLANDO, FL 32819  10/15/2021  10/15/2021  10/15/2021  10/15/2021  Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  CORPORATE AGENT ALLIANCE LLC  Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)  3300 S HIAWASSEE RD. SUITE 106  ORLANDO  FL  CORPORATE AGENT ALLIANCE LLC  NEW Registered Office Address:  CORPORATE AGENT ALLIANCE LLC  NEW Registered Office Address:  7575 DR. PHILLIPS BLVD. SUITE 170  ORLANDO  FL  32819  If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed to change or changes are made, the Florida street address of the registered office and the business office of the reagent will be identical. Or, in the case of a Florida limited liability company is is hereby confirmed that the change or changes are made, the Florida street address of the limited liability company or as otherwise presentative of a member of the limited liability company or as otherwise presentative of a member of the limited liability company or as otherwise presentative of a member of the limited liability company or as otherwise presentative of a member.  Printed Printe	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	(0)	Principal office address of limited liability company:	2. (a) .
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to merely reflect a change in the registered office address. I hereby confirm that the limited liability company i notified in writing of this change.	iv. I further agree to comply with the ties, and I am familiar with and accepts. Or, if this document is being filed inited liability company has been	ee to act in this capa performance of my a for in Chapter 605, ereby confirm that t	all statutes relative to the proper and comple as of my position as registered agent as provi lect a change in the registered office address,	provisic the obli to mere

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