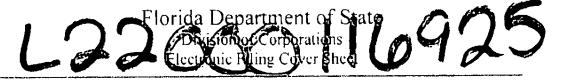
From: Lexus Wingo

3/24/22, 12:20 PM

Division of Corporations



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To:

Division of Corporations

Page: 3 of 4

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

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

Email Address:_

LLC REGISTERED AGENT CHANGE SLIDE TECHNOLOGIES, LLC

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|-----------------------|---------|
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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.

| i. Na | me of the limited liability company: Slide Technolog | gies, LLC | | |
|--|---|--|--|--|
| | | | Mailing address of limited liability company: | |
| (-) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | 4421 W. BOY SCOUT BLVD SUITE 200 | 442 | 4421 W. BOY SCOUT BLVD SUITE 200 | |
| | TAMPA, FL 33607 | TA | MPA, FL 33607 | |
| | 03/07/2022 | L220 | 000116925 | |
| 3. | Date of filing/registration in Florida | _{4.} | Document number | |
| 5. (a) | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | of the Florida Dept | t, of State: | |
| | GRAVELLE, JENNIFER | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | T ADDRESS) | | |
| | 4421 W. BOY SCOUT BLVD SUITE 200 | | | |
| | TAMPA, FL , F | -L 33607 | | |
| .1.5 | C.T. Corporation System | | 2022 HAR | |
| (b) | Enter name of NEW Registered Agent and/or NEW Register | ed Office address | R 24 | |
| | | | PH (| |
| | NEW Registered Office Address: | | | |
| | 1200 South Pine Island Road | | <u></u> | |
| | Plantation, I | FL | | |
| the charge of the art was/w the art Signa I here provise the obtained to men | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the Bruce Lucas authorized representative of a member obly accept the appointment as registered agent and completions of all stantes relative to the proper and completing tions of my position as registered agent as provingly reflect a change in the registered office address. | laws of the State of the registere liability compass of the limited he limited liabi | Printed or typed name of signee Printed or typed name of signee Other company with the | |
| noujie | C T Corporation System | | | |
| Signati | gnes Jensen, Asst Secretary /s/ Agnes Jensen | | | |

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