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CORPORATE ACCESS, _			When you need ACCESS to the world				
•	INC.		236 East 6th Avenue. Tallahassee. Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666				
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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.

a)		(b)		Climited lightline component	
/ -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address o (<u>Note: MAY B</u>	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) JTH FEDERAL HIGHWAY, SUITE 27		
	601 SOUTH FEDERAL HIGHWAY, SUITE 27	I SOUTH FEDERAL H			
	LAKE WORTH BEACH, FL 33460	L/	AKE WORTH BEACH,	RTH BEACH, FL 33460	
	June 7, 2022	L22000254946			
	Date of filing/registration in Florida	4.	Document nu	mber	
a)	Registered Agent and Registered Office shown on the records of	Ethe Florida De	nt of State:		
	Registered Agent and Registered Office shown on the records of CORPORATE ACCESS, INC .	pr. 07 00000			
	Registered Office Address (MUST BE FLORIDA STREE		· 2		
	236 EAST 6TH AVENUE			2023 APR	
	TALLAHASSEE, I	ALLAHASSEE, FL			
(b)	Enter name of NEW Registered Agent and/or NEW Register	<u>55</u> :			
	Donald J. Skowron, Jr.		6		
	NEW Registered Office Address:				
	601 SOUTH FEDERAL HIGHWAY, SUITE 27				
	LAKE WORTH BEACH	FL			
ng nt	limited liability company is not organized under the e or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited yere authorized by an affirmative vote of the member inclusion or the operating agreement of t	laws of the St he registered liability com	ate of Florida, it is her office and the busines pany, it is hereby conf id liability company of	firmed that the change	
	11 & CLAURAN Mr.	Donald	j Jr. Skowron, Jr.		
	and J. Securitory of . affeoded thember or authorized representative of a member	Printed or typed name of signee			

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signalline of Registered Agent

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