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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206 Enter the email address for this business entity to be used for future ്ള്annual report mailings. Enter only one email address please.** .1.. Email Address:__

LLC REGISTERED AGENT CHANGE AZA GEMZ, LLC

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M. SOLOMON

JUN - 5 2024

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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	nne of the limited liability company:AZA GEMZ, LLC		
2. (a)		(b)	
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	06/13/22		7290
3.	Date of filing/registration in Florida	4.	Document number
<i>J</i> .	Q G	1.	Document number
5. (a)		h Elanda Dant a Con	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State.		ine.
	390 NORTH ORANGE AVE., STE 2300-N Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Registered Office Address BUST BE FLORIDA STREET A	(元) (元)	
	ORLANDO , FL	32801	
(6)	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	7901 4th St N		
	NEW Registered Office Address:		_
	STE 300		- -
	St. Petersburg . FL	33702	
the cha agent v was/wa the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member of authorized representative of a member.	s of the State of F the registered offic bility company, it f the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.
•	· · · · · · · · · · · · · · · · · · ·		Printed or typed name of signee
пошис	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elverflect a change in the registered office address. I had in writing of this change. Obvio Roberts - Assistant Se		pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been
	David Roberts - Assistant Se	есгетагу	