Florida Department of State

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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 : (855)330-1010

*	*Enter	the	email	$\operatorname{address}$	for	this	busin	ess	entity	to	be	used	for	future
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LLC REGISTERED AGENT CHANGE THE RADAR GROUP 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 understyned 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. N	lame of the limited liability company: THE RADAR GR	OUP 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)				
	06/15/22		00273558				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a	, RAIFORD, RENECIA D						
J. (II	Registered Agent and Registered Office shown on the records of 126 THORNTON CT Registered Office Address (MUST BE FLORIDA STREET)	of State					
	ST AUGUSTINE FI						
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	2023 NAY 19					
	7901 4th St N	7901 4th St N					
	NEW Registered Office Address:		—— P1				
	STE 300		2: 08				
	St. Petersburg . FL	33702					
the ch agent was/w	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members clicles of organization or the operating agreement of the	f the registered ability compar of the limited 1	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.				
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee				
provis the ob to mes	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I is din writing of this change. David Roberts - Assistant Section 1.	performance of for in Chapt hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been				
$\underline{}$	David Roberts - Assistant Source of Registered Agent	ecretary					