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Account Number : I20010000062 Phone : (323)962-8600

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## LLC REGISTERED AGENT CHANGE KLSAG INVESTMENTS LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 4.

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.

2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited I	iability company:	
	(Note: MUST BE SIREET ADDRESS)		(Note: MAY BE POST OFFICE BOX) 8983 Stone Pier Dr		
	8983 Stone Pier Dr				
	Boynton Beach, Florida 33472	В			
	06/22/2022	L22	2000283722		
3.	Date of filing/registration in Florida	4.	Document number	· · · · · · · · · · · · · · · · · · ·	
5. (a)					
	Registored Agent and Registered Office shown on the record	s of the Florida Dep	t, of State:		
	UNITED STATES CORPORATION AGE	NTS, INC.			
	Registered Office Address (MUST REFLORIDA STRE	ET ADDRESS)			
	5575 S. SEMORAN BLVD. SUITE 36			20%	
	ORLANDO	Tt. 32822		2022 SEP	
		1 1 1 /		35 TO 10	
(b)	Enter name of NEW Registered Agent and/or NEW Registe			43 N	
	linter name of NEW Registered Avent and/or NEW Registe	ered Office address	\$	-2 AH	
	Richard Ainsworth			( <b>)</b>	
	NEW Registered Office Address:			~:	
	8983 Stone Pier Dr				
	Boynton Beach	, FL 33472			
îftha l	limited liability company is not organized under the			irmed that after	
the cha	ange or changes are made, the Florida street address	a of the registere	d office and the business offic	ce of the registered	
agent v was/wi	will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the membe	d liability compa ers of the limited	any, it is hereby confirmed the Tiability company or as other:	if the change(s) wise provided_in==	
the art	icles of organization or the operating agreement of	the limited liabi	lity company.		
A STATE OF THE PARTY OF THE PAR		Richar	d Ainsworth		
	aure of a member or authorized representative of a member		Printed or typed name of :		
provisi the ohi to men	hy accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in-writing of this change.	iete performance	i of my dulies, and Lain famili	ar with and accebi	