1/22/2024 12:28:40.PST To: 18506176383 Page: 1/2 From: Registered Agents Inc Fax: 8134365206

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	Division of Corporations			
	Fax Number	: (850)617-6383		
From:				2024 JAN SEUKE) TALLA
	Account Name	: REGISTERED AGE	NTS INC.	₹ <u>6</u>
	Account Numbe	r : I20090000081		
	Phone	: (307)200-2803		<u> </u>
	Fax Number	: (813)436-5206		AH 22
				>2

LLC REGISTERED AGENT CHANGE ALL BECAUSE OF YOU LLC

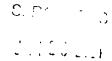
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the 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.

7 11,57 11.	ALL BECAUSE C	NE VALLUC	
1. N	ame of the limited liability company:		
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)	
	06/28/22		2000291679
3.	Date of filing/registration in Florida	4.	Document number
5. (a) PRODEZK INC		
J. 147	Registered Agent and Registered Office shown on the records of		
	848 BRICKELL AVE		
	Registered Office Address IMUST BE FLORIDA STREET	S 26	
	STE 950		TAL
	MIAMI	33131	SECRETAR TALLAHA
(b)	Registered Agents Inc		N 22 AM
,0,	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg FI	33702	
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited hierer authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registere ability comp of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in ility company.
			Printed or typed name of signee
provis the ob to mei natifie	thy accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. I of in writing of this change.	ree to act in performance of for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been
ivid 🕥	David Roberts - Assistant S	ecretary	

Signature of Registered Agent