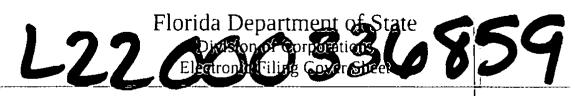
Division of Corporations



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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 annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE MAKORA LLC

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Hèlp

K. Brumbley

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.	Name of the limited liability company: MAKORA LLC			
2. (a)	(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			of limited liability company: BE POST OFFICE BOX)
			ľ	
	07/30/22	L2200033	36859	
3.	Date of filing/registration in Florida	4.	Document nu	ımber
5. (a	MERLO, RAUL HECTOR		1	
(b)	Registered Agent and Registered Office shown on the records of 5521 N UNIVERSITY DR Registered Office Address (MUST BE FLORIDA STREET A SUITE 202	the Florida Dept. of S		
	•	20007	_	2
	CORAL SPRINGS	33067	<u> </u>	2024 IIn Y
	Registered Agents Inc		i	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		<u>.</u>
	7901 4th St N			P
	NEW Registered Office Address:		_	2: 1,5
	STE 300			2
	St. Petersburg, FL	33702		,
the clagent was/s	limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liewere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered of lability company, of the limited liab	fice and the busing it is hereby confiction or company or company.	ness office of the registered irmed that the change(s)
Sigi	nature of a member or authorized representative of a member	Kobin 30		l diname of signed
I her provi the o	ceby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I led in writing of this change.	ree to act in this c performance of n d for in Chapter (hereby confirm th	anacity. I furthe	rigaree to comply with the
Signa	avid Coerts David Roberts - Assistant Southern Or Registered Agent	ecretary		
	B)		TI. 0004	4