

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000127801 3)))



H240001276013ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

- -

. .

To:

-

,

Division of Corporations Fax Number : (850)617-6383

From:

| Account Name | : | REGISTERED AGENTS | INC |
|----------------|---|-------------------|-----|
| Account Number | : | 120090000081 | |
| 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.

| | | Ema; | l Address: | | |
|-----------------|----------|------------|---|---------|----------|
| \frown | 10 | DA DA | | | |
| | 8 AH HI: | ET U. STAL | LLC REGISTERED AG SWIFT DYNAMICS CLEAN | | 2024 APR |
| 5 . . | - ~ | | Certificate of Status | 0 | |
| National States | | | Certified Copy | 0 | 8 |
| 0 | 2024 | TAIL | Page Count | 02 | - H |
| | ~ | 5 | Estimated Charge | \$25.00 | ာ တိ |
| | | | | | ũ |

Electronic Filing Menu Corporate Filing Menu

Help

APR 0 9 2024

K. Brumbley

Tc: 18506176383

Page: 2/2

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.

| (a) | | | (b) | | | | |
|-------|---|---|------------------------|--------------------|--------------|--|-----|
| | Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>) | iy: | | Mailing address | s of limited | liability compar OFFICE_BOX | my: |
| | 7901 4th St N STE 300 | | 7901 | 4th St N STE 300 | | | |
| | St. Petersburg FL 33702 | | St. Pe | etersburg FL 33702 | 2 | | |
| | 08/01/22 | | L22000 | 0339237 | | | |
| | Date of filing/registration in Florida | 4. | | Document | number | | |
| (a) | REPUBLIC REGISTERED AGENT LLC | | | | | | |
| . (a) | Registered Agent and Registered Office shown on the reco | rds of the Flore | | | | | |
| | | | tia Dept, c | n atare. | | | |
| | 1150 Nw 72nd Ave Tower I Ste 455 | | ua Depi, c | n aute. | | | |
| | | | | | | | |
| | 1150 Nw 72nd Ave Tower I Ste 455 | | <u>\$\$\$)</u> | | | 20 | |
| (b) | 1150 Nw 72nd Ave Tower I Ste 455 Registered Office Address <u>(MUST BE FLORIDA STR</u> | REET ADDRE. | <u>\$\$\$)</u> | | - | 2024 AF | |
| (b) | 1150 Nw 72nd Ave Tower I Ste 455 Registered Office Address (MUST BE FLORIDA STR Miami | <u>(EET ADDRE.</u> , FL_33126 | <u>xxy</u> | | | – אניא <mark>ז</mark> ור אויז - יו | |
| (b) | 1150 Nw 72nd Ave Fower I Ste 455 Registered Office Address (MUST BE FLORIDA STE Miami Registered Agents Inc | <u>(EET ADDRE.</u> , FL_33126 | <u>xxy</u> | | - | ין דן ה 205וי שואט 205י אויע – 8 או | |
| (b) | 1150 Nw 72nd Ave Tower I Ste 455 Registered Office Address Miami Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u> | <u>(EET ADDRE.</u> , FL_33126 | <u>xxy</u> | | - | P M | |
| (b) | 1150 Nw 72nd Ave Tower I Ste 455 Registered Office Address Miami Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u> 7901 4th St N | <u>GEET ADDRE.</u> FL_ <u>33126</u> stered Office a | <u>SSJ</u> iddress: | | | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robin Jones Signature of a member or authorized representative of a member Printed or typed name of signee

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00