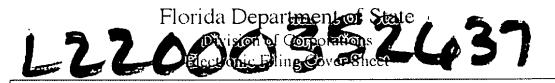
To: 18506176383 From: 12147128131 Date: 09/07/22 Time: 6:05 PM Page: 01/02



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(((H220003084243)))



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Division of Corporations

Fax Number : (850)617-6383

From:

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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

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. N	ame of the limited liability company: Metabele LLC					
2. (a)						
	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)			
	261 N UNIVERSITY DR SUITE 500 PMB 1013		261 N UNIVERSITY DR SUITE 500 PMB 1013			PMB 1013
	PLANTATION, FL. 33324		PLANTATION, FL. 33324 L22000352637			
	08/10/2022	L				
3.	Date of filing/registration in Florida	4.	I	Document number		
5. (a)						
J. (u,	Registered Agent and Registered Office shown on the records of CRAWFORD, METABELE	of th e Florida I	Dept of State			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)				
	261 N UNIVERSITY DR SUITE 500 PMB 1013					
	PLANTATION	33324 EL				
	7			<u> </u>	202	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	LOT II			2 SE	_
	Enter name of NEW Registered Agent and/of NEW Registers	ed Office adur	<u> </u>		- '	т, 2
	LEGALINC CORPORATE SERVICES INC.			\$2.7 60.5 10.5	1022 SEP - 7 PM 4:	ANC ANC E
	NEW Registered Office Address				; ⊋) VE
	5237 SUMMERLIN COMMONS BLVD, SUITE 400) 		27	<u>.</u>	C.
	FORT MYERS	33907		- "	£	
change agent was/wasthe art	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ic registered liability com of the limit	office and pany, it is ed liability	the business office hereby confirmed to company or as oth	e of the	registered change(s)
	METABELE CRAWFORD	META	ABELE CRA			
_	iture of a member or authorized representative of a member			Printed or typed name		
provis: the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent us providely reflect a change in the registered office address, I d in writing of this change.	gree to act n le performan led for in Ch I hereby con	i this capac ice of my di apter 605, firm that th	city. I further agreuties, and I am fan F.S. Or, if this do he limited liability o	e to con uliar wu cument compan	nply with the th and accept is being filed y has been
Signatu	ure of Registered Agent					