Division of Corporations



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To:

Division of Corporations

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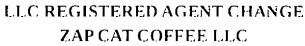
Account Name : REGISTERED AGENTS INC.

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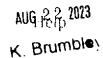
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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.

I. 8	fame of the limited liability company.	≥ LLC	
2. (a)		(b)	
- · (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	08/23/22	L27	2000370715
3.	Date of filing/registration in Florida	٠	Document number
5. (a	ZenBusiness Inc.		
5. (a	Registered Agent and Registered Office shown on the records		
	336 E. College Ave,		
	Registered Office Address (MUST BE FLORIDA STREE	<u> </u>	
	Suite 301		
	Tallahassee	32301	
		rt	
(b)	Registered Agents Inc		20.
	Enter name of NEW Registered Agent and/or NEW Register	red Office addres	2023 AUG
	7901 4th St N		FILE STATE
	NEW Registered Office Address		
	STE 300		AH 8: 0 /EU
	St. Petersburg	33702 F1.	3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3
the ch agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member ticles of organization or the operating agreement of the results of the street and the street are street.	of the register Hiability comp rs of the limited	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer notifie	thy accept the appointment as registered agent and estions of all statutes relative to the proper and compledigations of my position as registered agent as provisely reflect a change in the registered office address, and in writing of this change.	cic performane ided for in Cha . I hereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accep- apier 605, F.S. Or, if this document is being filed tirm that the limited liability company has been
_ 	The Artistant David Roberts - Assistant United Registered Agent	t Secretary	