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| From:    |   |                          |
|          | Account Name : COMPUTERSHARE              |                          |
|          | Account Number : 110432003053             | Sa -                     |
|          | Phone : (561)694-8107                     | T                        |
|          | Fax Number : (561)214-8442                |                          |
|          |   |                          |
| inter th | ne email address for this business entity | to be used for future. C |

Email Address:

|       | ે.ર   | LLC REGISTERED AC<br>EJURA DESIG |         |
|-------|-------|----------------------------------|---------|
| · · · |       | Certificate of Status            | 0       |
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K. SALY

SEP 1 1 2024

## 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.

|     | ame of the limited liability company:   |                 | (b) <u>425 NE 22nd Street #3102</u>                     |                    |
|-----|---|-----------------|---|--------------------|
|     | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)                      |                 | Mailing address of limited<br>( <u>Note: MAYBE POST</u> | liability company: |
|     | Miami, FL 33137   |                 | diami, FL 33137   |                    |
|     | 08/30/2022  | L               | 2000382336  |                    |
|     | Date of filing/registration in Florida  | 4.              | Document number   |                    |
| (a) | LEGALINC CORPORATE SERVICES INC.  |                 |   |                    |
|     | Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta<br>476 Riverside Ave. |                 | ept. of State:  | MA SEP 10 MM 4: 29 |
|     | Registered Office Address (MUST BE FLORIDA STREE)   | T ADDRESS)      |   | EP 10              |
|     | Jacksonville H  | L_32202         |   | MASEP 10 AM 4: 25  |
| (b) | Comments Career's Alternation 1   |                 |   | .25                |
| )   | Corporate Creations Network Inc.  |                 |   | -                  |
| )   | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>  | ed Office addre | <u></u>   | -                  |
| ))  |   | ed Office addri | <u></u> :   |                    |
| ))  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>  | ed Office addre | <u></u>   | . ´                |

Kristen Espinales

Signature of a member or authorized representative of a member

Printed or typed name of signee

Kristen Espinales, Attorney-in-Faet

I hereby 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 Jamiliar 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Kristen Espinales Kristen Espinales. Special Secretary

Signature of Registered Agent

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