Florida Department of State Division of Copperato

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107

Phone Fax Number

: (561)214-8442

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 **OGMEGFIT LLC**

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K. SALY

DEC 14 2023

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.

| | me of the limited liability company: OGmegfit LLC | | | |
|-------------------------|--|--|--|---|
| . (a) | 4571 Leeward Ridge Dr. APT #101 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Tampa Florida (US)33619 | _ (b | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 11/1/2022 12:00:00 AM | _ | L220004689 | 994 |
| | Date of filing/registration in Florida LEGALING CORPORATE SERVICES INC. | 4. | | Document number |
| (a) | Registered Agent and Registered Office shown on the records of t 476 Riverside Ave. Registered Office Address (MUST BE FLORIDA STREET A | | · | _ e: _ |
| | Jacksonville, FL | 32202 | | - 1222 1223 |
| (b) | Corporate Creations Network Inc. | | | TALLAH) |
| ` , | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 801 US Highway 1 | Office add | dress: | - 8 255 |
| | NEW Registered Office Address: | • | | PM 3: 19 |
| | North Palm Beach, FL_ | 33408 | | - |
| ange gent w as/we | mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registere bility co othe lim | d office and mpany, it is ited liability | d the business office of the registered shereby confirmed that the change(s) v company or as otherwise provided in |
| | | Danie | elle W. Goss | sman, Special Manager |
| t | ure of a member or futhorized representative of a member of a member of a member of a member of a composition as registered agent and agree of all statutes relative to the proper and complete present of my position as registered agent as provided by reflect a change in the registered office address, I have the proper of this change. | ve to act verforma for in C vereby co | in this cape ince of my c hapter 605 nfirm that i | Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accep, F.S. Or, if this document is being filed the limited liability company has been |
| ounea | | | | |