Division of Corporations



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.

(((H23000416691 3)))



H230004166913ABC%

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 | : | COMPUTERSHARE |
|----------|--------|-----|---------------|
| | | | |
| Account | Number | : | 110432003053 |
| Phone | | • • | (561)694-8107 |
| 1110110 | | | • • |
| Fax Numb | ber | : | (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.

Email Address:_____

| Certificate of Status 0 Certified Copy 0 | 2023 DEC - |
|---|------------|
| Certified Copy 0 | |
| | N C |
| Page Count 02 | 1:0 |
| Estimated Charge \$25.00 | i |

Electronic Filing Menu Corporate Filing Menu

Help GEC 1 3 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.

| L Na | ame of the limited liability company: | С | | | | |
|--|--|--|---|--|--|--|
| 2. (a) | 6519 via benita | | | | | |
| 2. (u) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0)_ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Boca raton Florida (US)33433 | | | | | |
| | 11/1/2022 12:00:00 AM | 1.2: | 2000469240 | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) | LEGALINC CORPORATE SERVICES INC. | | | | | |
| 5. (u) | Registered Agent and Registered Office shown on the records 476 Riverside Ave. | of the Florida De | Florida Dept. of State: | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | | |
| | Jacksonville, FL | | 2023 DEC | | | |
| (b) | Corporate Creations Network Inc. | | | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | red Office addre | | | | |
| | 801 US Highway t | _ | | | | |
| | <u>NEW</u> Registered Office Address: | | | | | |
| | North Palm Beach | FL ³³⁴⁰⁸ | | | | |
| change agent v was/w | limited liability company is not organized under the less of contract of the second street address of t | he registered o liability comp s of the limited | office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in | | | |
| | (\mathcal{Q}) | Danielle | e W. Gossman, Special Manager | | | |
| Signa | ture of a member of authorized representative of a member | | Printed or typed name of signee | | | |
| I here provis the obi to mer notifie | by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a chapge in the registered office address, d'in writing of this change. | igree to act in te performanc ded for in Cha I hereby confi | this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been | | | |
| | Danielle G | | ecial Secretary | | | |
| Signau | are of Registered Agent | | | | | |

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

.

.