Florida Department of State Division of Corporations ectronic Filing Cover Sheet

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To:

Division of Corporations

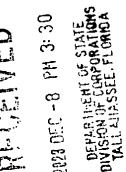
Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number: 110432003053 Phone : (561)694-8107 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 SAQ INDUSTRIES LLC

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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. N	ame of the limited liability company: SAQ Industries I	.1.C	
2. (a)	8115 Champions Cir apt 205	(b)	
(0)	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)
	Champions Gate Florida (US)33896		
	11/8/2022 12:00:00 AM	1,2200	X0479196
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		
•	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	the Florida Dept.	of State:
	Registered Office Address	ADDRESS)	
	Jacksonville, F	L ³²²⁰²	
(b)	Corporate Creations Network Inc.		Ol
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	<u>~~</u>
	801 US Highway I		- m - - -
	NEW Registered Office Address:		
	North Palm Beach, F	L ³³⁴⁰⁸	
change agent v was/w	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 lister authorized by an affirmative vote of the members elieles of organization or the operating agreement of the	e registered offi ability compan of the limited li limited liabilit	ice and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a grange in the registered office address. I	ree to act in thi performance of ed for in Chapte hereby confirm	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
notifie			Special Secretary
Signatu	re of Registered Agent		