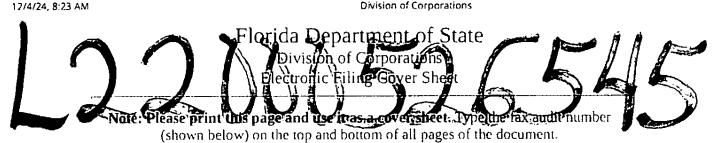
To: 18506176383

Page: 1/2

Fax: 8134365206

Division of Corporations



(((H24000398949 3)))



H240003989493ABCF

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

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (850)617-6383

Fax Number : (813)436-5206

| | | | | | | | | | | | 111 | 0 |
|------------|---------|---------|-----|------|----------|--------|----|----|------|-----|------|-----|
| 1 | | | | | | | | | | | | |
| *Enter the | e email | address | for | this | business | entity | to | be | used | for | futi | ure |
| | | | | | only one | - | | | | | | |

| ∴Email Address: | |
|-----------------|--|
| • | |
| <u>.</u> | |

LLC REGISTERED AGENT CHANGE WOLFTRAX.LIFE LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

| M. SOLOMOM |
|--------------|
| LEC - 5 2.24 |

Electronic Filing Menu

Corporate Filing Menu

Help

12/4/2024 05:25:52 PST* • To 18506176383 Page: 2/2 Fax: 8134365206

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.

| Name of | the limited liability company: | E LLC | |
|--|---|---|--|
| a) 7901 4 | 4TH ST N STE 300 | (b) | 7901 4TH ST N STE 300 |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| ST. F | PETERSBURG, FL 33702 | | ST. PETERSBURG, FL 33702 |
| 12/15 | /2022 | — ւ | 22000526545 |
| ZENE | Date of filing/registration in Florida BUSINESS INC. | 4. | Document number |
| Registe | ered Agent and Registered Office shown on the records of E. COLLEGE AVE. | the Florida l | |
| ŭ | ered Office Address (MUST BE FLORIDA STREET) E 301 | (DDRESS) | 2024 DEC 35C/E/ 74(L/) |
| TALL | AHASSEE | 32301 | |
| Enter n | STERED AGENTS INC name of NEW Registered Agent and/or NEW Registered 4TH ST N | Office add | FH 4: 25 |
| | Registered Office Address: | | |
| ST. F | PETERSBURG . FL | 33702 | |
| ige or cha it will be were auth irticles of | anges are made, the Florida street address of the identical. Or, in the case of a Florida limited lia horized by an affirmative vote of the members of organization or the operating agreement of the | registered bility con If the limit limited lia | pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in |
| والمسروات من المسروات المسروات المسروا gnahare of a | member or authorized representative of a member | | Printed or typed name of signee |
| reby acce isions of obligation erely refl ied in wr | ont the approintment as realistered agent and agr | ee to act i performa I for in Cl iereby cor | n this capacity. I further agree to comply with t ace of my duties, and I am familiar with and acc apter 605, F.S. Or, if this document is being fil firm that the limited liability company has been |
| | | | |