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Division of Corporations Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number : 1200°0000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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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

1. N	Same of the limited liability company: Susta	ainable Solu	tionz
2. (a)	Principal office address of limited liability comp	(b)	Mailing address of limited liability company:
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)
	12/19/22	L22	2000528967
3.	Date of filing/registration in Florida	. ‡,	Document number
5. (a			
	Registered Agent and Registered Office shown on the re	cords of the Florida Dept. (of State:
	5131 CHOCTAW AVE	7715 F 1 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	<u></u>
	Registered Office Address (MUST BE FLORIDA S	IREET ADDRESS)	. 26
	PENSACOLA	32507	2023 JAN 1
	Northwest Registered Age		
(b)	Enter name of NEW Registered Agent and/or NEW Re		
		,	ي أ
	7901 4th St N		36
	NEW Registered Office Address.		
	STE 300		
	St. Petersburg	33702	
the ch agent was/w	limited liability company is not organized under lange or changes are made, the Florida street add will be identical. Or, in the case of a Florida linguistre authorized by an affirmative vote of the menticles of organization or the operating agreement	dress of the registered mited liability compan mhers of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	WI SMITH	Nat Sm	
-	aufre of a member or affthorized representative of a membe		Printed or typed name of signee
provis the ob to me	eby accept the appointment as registered agent a sions of all statutes relative to the proper and co digations of my position as registered agent as p rely reflect a change in the registered office add ad in writing of this change.	mplete performance o provided for in Chapte	f my duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed
~ /V~	Taylor Newman - As	sistant Secretary	

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

Signature of Registered Agent