12/8/2023 06:45:38 PST

← - - - To: 18506176383

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From: Registered Agents Inc.

Fax: 8134365206

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Email Address:_____

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LLC REGISTERED AGENT CHANGE RP SYSTEMS LLC

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12/8/2023 06:45:38 PST - Jo: 18506176383 Page: 2/2 From: Registered Agents Inc 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.

1.	Na	me of the limited liability company: RP Systems LLC		
2. (:	a)		(b)	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			_	
		12/22/2022	L22000	
3.		Date of filing/registration in Florida	4.	Document number
5. (a)	(ล)	UNITED STATES CORPORATION AGENTS, INC. Registered Agent and Registered Office shown on the records of t		
		476 RIVERSIDE AVE.		
		Registered Office Address		
		JACKSONVILLE . FL 32202		
(1	b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_
		7901 4th St N		
		NEW Registered Office Address:	- 	
		STE 300		<u></u>
		St. Petersburg FL.	33702	
the dager was/	cha it v we irti	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered on ability company of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	į	Lebien berreye	Robin Jones	
	gnat	ure of a member or authorized representative of a member		Printed or typed name of signee
prov the a to m	usi obl. ere	ov accept the appointment as registered agent and agri ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.	ee to act in this performance of I for in Chapter ierchy confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filea that the limited liability company has been
T.	. 3 -	David Roberts - Assistant Se	cretary	

ond Apens
Ignature of Registered Agent