Division of Corporations



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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APR 0 4 2024 K. Brumbley 4/3/2024 12/02:54 PD/7 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.

1. Na	nme of the limited liability company:	IBUTION CE	ENTRAL LLC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	12/23/2022	L22	000535622
3. 5. (a)	Date of filing/registration in Florida COHN, DANIEL	4.	Document number
v. ()	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)	ot, of State:	
	PALMETTO	34221	2024
(b)	REGISTERED AGENTS INC		2021, APR
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4TH ST N	PH ::	
	NEW Registered Office Address: STE 300	<u> </u>	
	ST. PETERSBURG , FL	33702	
change agent v was/we the arti	imited liability company is not organized under the law for changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered of bility compa 1 the limited	ffice and the business office of the registered iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Rec	ture of a member or authorized representative of a member	Robin Jo	
I here, provisi the obl to mer notifica 上次	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I lid in writing of this change. David Roberts re of Registered Agent	ee to act in t performance I for in Chap weeky confir	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed om that the limited liability company has been