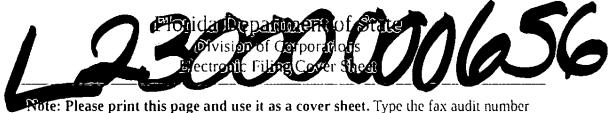
Division of Corporations



(((H23000437692 3)))

(shown below) on the top and bottom of all pages of the document.



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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

**Enter the email address for this business entity to be used for future annual report mailings. Fotor only one ----

LLC REGISTERED AGENT CHANGE BAAN BUSINESS SOLUTIONS LLC

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DEC 58 SOS919H I. LEMIEUX 12/26/2023 Q9:22:41 PST To: 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. N	ame of the limited liability company: BAAN Business S	Solutions 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)	
	12/27/22	L230	00000656	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	NORTHWEST REGISTERED AGENT LLC			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	D. J. S.G. S.J. AMERICAN CLAMINA CENTRE	ANABESES		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDKESS)</u>		
	7901 4TH ST N STE 300		· ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	
	ST. PETERSBURG , FI	33702		
(b)	Registered Agents Inc		77	
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:		
			ယ့်	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg , FI	33702		
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the registered lability compa- of the limited	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signce	
I here provis the ob to mei notifie	why accept the appointment as registered agent and agenous of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change. David Roberts - Assistant S	performance d for in Chap hereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been	
Signat	ure of Registered Agent			