Division of Corporations

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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

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LLC REGISTERED AGENT CHANGE INPROFIT, LLC

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K. SALY

1/12/2024 10:33:27 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company. https://example.com/						
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		M	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	01/04/23	·	2300001115				
3.	Date of filing/registration in Florida	4.]	Document num	ber		
5. (a)	INC AUTHORITY RA						
J. (u)	Registered Agent and Registered Office shown on the records of						
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)					
	390 NORTH ORANGE AVE., STE 2300-N				<u> </u>	2024	
	ORLANDO	32801			门()2]	JAN	$\neg \cap$
(p)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N <u>NEW Registered Office Address</u> :	Office addr	ress:		AHASSECTETORIO	12 PH 4:01	
	STE 300						
	St. Petersburg . FL	33702					
the cha agent was/w the art	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the register ability con of the limited liability of the limited liability.	ered office npany, it is sed liability ability comp Jones	and the busines hereby confirn company or as pany.	ss office ned that t otherwis	of the re he chang se provid	gistered ge(s)
Signa	iture of a member of authorized representative of a member			Printed or typed n	ame of sign	nce	
provis the ob to mer notifie	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	rec to act i performan d for in Cl hereby cor	n this capa nce of my d hapter 605, nfirm that th	city. I further a aties, and I am F.S. Or, if this we limited liabi	agree to e Jamiliar s docume lity comp	comply s with and nt is bei pany has	vith the d accept ng filed been
	David Roberts - Assistant S	ecretary					
Signati	are of Registered Agent						