Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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LLC REGISTERED AGENT CHANGE MAXIM SPEED LLC

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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.

ì.	Na	ame of the limited liability company:		
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)
		01/06/2023	- —	000014721
3.		Date of filing/registration in Florida	4.	Document number
		LINITED STATES CORDODATION ACENTS INC		
5.	(a)	Registered Agent and Registered Office shown on the records of the	e Florida Der	n. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
476 RIVERSIDE AVE.				
		JACKCONNILLE C	2202	
		JACKSONVILLE FL3	32202	20
	at s	Northwest Registered Agent LLC		2024 APR
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	ffice address:	
				- P22
		7901 4th St N		
		NEW Registered Office Address:		<u>က</u>
		STE 300		_
		St. Petersburg , FL	3702	
the ag wa the	e cha ent v as/we e arti	imited liability company is not organized under the law- ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the h	he registere bility comp the limited imited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in lity company.
<u>/</u>	<u>/ 3</u>	ture of a member or authorized representative of a member	Nat Smit	
				Printed or typed name of signee
pr the to	ovisi e obl merc	by accept the appointment as registered agent and agreions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to act in terformance for in Chapter for in Chaptereby confi	inis capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pier 605, F.S. Or, if this document is being filed rm that the limited liability company has been
ساب ا	سسكما /	Taylor Newman - Assistant Sec	retary	