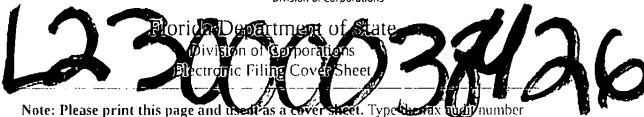
Division of Corporations



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

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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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T. LEMIEUX

2/1/2024 1/:23-62 PST To 18506176383 Page: 2/2 From: Registered Agents Inc Fex: 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:	UX GRO	OUP LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (l)(C	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			_		
		01/20/2023		L2300003842	
3.		Date of filing/registration in Florida	4.	i	Document number
	(a)	LEGALINC CORPORATE SERVICES INC.			
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		. B	
		476 HIVERSIDE AVE			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		JACKSONVILLE . FL	32202		TOWERS -2 PHIZ: WAS SECURED TO SE
	(b)	Registered Agents Inc			
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			
		7901 4th St N STE 300			
		NEW Registered Office Address:			
		St. Petersburg	33702		
th ag wa th	e cha ent v as/we e arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	rs of the the regi bility co f the lin limited	stered office ompany, it is nited liability liability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
1	7 11-1-1-1	ture of a member or authorized representative of a member	Rob	in Jones	
1 pr the to	herei ovisi e obl mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided cly reflect a change in the registered office address, I h d'in writing of this change.			Printed or typed name of signee city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Si	gnatil	The of Registered Agent -	cretary		