Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053

Phone : (561)694-8107

Fax Number : (561)214-8442

The compact address for this business entity to be used for further control one email address please.** $oldsymbol{\mathcal{E}}$ the email address for this business entity to be used for future

Email Address:_

LLC REGISTERED AGENT CHANGE INDEPENDENT HEADWAY LLC

| Certificate of Status | 0 |
|-----------------------|---------|
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K. SALY

FEB-2-7-2024

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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.

| I. Na | me of the limited liability company; Independent Heads | vay Li | LC | | |
|----------------------------------|---|------------------------------------|---------------------------|--|--|
| 2. (a) | 2523 nw juanita pl | | (b) | 2523 nw j | uanita pl |
| _ ((, , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | \ | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | cape coral, FL 33993 | _ | - | cape coral | , FL 33993 |
| | 02/03/2023 | | l. | 23000063 | 902 |
| (a) | Date of filing/registration in Florida LEGALING CORPORATE SERVICES INC. | 4. | | | Document number |
| . (u) | Registered Agent and Registered Office shown on the records of the 476 Riverside Ave. | ie Flor | ida D | ept, of Stat | _ - - |
| | Registered Office Address (MUST BE FLORIDA STREET A) | DDRE | <u>SS)</u> | | - |
| | Jacksonville , FL | 32202 | | | PILE PH 3: 50 TALLAHASSELF LORID |
| (b) | Corporate Creations Network Inc. | | | | B 26 PM |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered C | Mice | addr | <u>ess</u> : | |
| | 801 US Highway 1 | | | | FEB 26 PM 3: 50 LAHASSFELFLORID |
| | NEW Registered Office Address: | | | | · 0 |
| | North Palm Beach , FL | 33408 | | | _ |
| change agent w was/we | mited liability company is not organized under the laws or changes are made, the Florida street address of the r vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | egiste pility of the li | ered com imite | office an pany, it is ed habilit | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in |
| | Kristen Espinales | K | riste | n Espinale | s, Attorney-in-Fact |
| | ure of a member or authorized representative of a member | | | | Printed or typed name of signee |
| provision the obli to 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 by reflect a change in the registered office address, I ha I'm writing of this change. | e to a erfor för in ereby | ct ir man Ch con | this cap ce of my apter 605 firm that | acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been |

Signature of Registered Agent