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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 : (855)330-1010

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

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LLC REGISTERED AGENT CHANGE **IN4M8 ADVISORS LLC**

Certificate of Status	0
Certified Copy	0
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T. LEMIEUX

Help MAR 2 8 2023

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

		(1-)				
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	y	tailing address of (Note: MAY E		-	
500 S AUSTRALIAN STE 600		500 S AUS	STRALIAN A			
WEST PALM BEACH FLORIDA 334)	WEST P	ALM BEAC	H FLOF	RIDA 3	340
12/06/21		L2300	007157	7		
Date of filing/registration in Florida	4.		Document nu	ımber		
ZENBUSINESS INC.						
Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>SS)</u>				
336 E. COLLEGE AVE. SUITE 301						
336 E. COLLEGE AVE. SUITE 301 TALLAHASSEE				6.	202	
336 E. COLLEGE AVE. SUITE 301 TALLAHASSEE , FI	323	301		6	2023 1. ,	
336 E. COLLEGE AVE. SUITE 301 TALLAHASSEE FI Registered Agents Inc	323	301			2023 112 27	
336 E. COLLEGE AVE. SUITE 301 TALLAHASSEE , FI Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered	323	301			2023 11 12 27 k M	
336 E. COLLEGE AVE. SUITE 301 TALLAHASSEE , FI Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	323	301		18 January 12 January	2023 F 12 27 AM 10: 3	

ROBIN JONES

Robin Jones Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been natified in writing of this change.

David Roberts - Assistant Secretary

David Roberts - Assistant Secretary

Signature of Registered Agent