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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email Address:_

LLC REGISTERED AGENT CHANGE FRACTURED LIGHT LLC

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K. SALY

MAR - 5 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 | ame of the limited liability company: Fractured Light LLC | C | | |
|--|--|---------------------------------|---|--|
| 2. (a) | 3700 NW 100TH AVENUE | | (b) 3700 N | W 100TH AVENUE |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Coral Springs, FL 33065 | - | Coral S | prings, FL 33065 |
| | 02/14/2023 | | L230000 | 81269 |
| ١. | Date of filing/registration in Florida | 4. | - | Document number |
| i. (a) | LEGALINC CORPORATE SERVICES INC. | | | |
| , , ,,,, | Registered Agent and Registered Office shown on the records of th | e Flor | ida Dept, of : | State: |
| | 476 Riverside Ave. | | | 7. 20° |
| | Registered Office Address (MUST BE FLORIDA STREET AL | DDRE | <u>\$\$</u>) | TALL ANN'S SECTEL ORD |
| | Jacksonville, FL_3 | 32202 | | 588 P |
| (b) | Corporate Creations Network Inc. | | | PH 4: 00 |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | Mice | address: | |
| | 801 US Highway I | | | |
| | NEW Registered Office Address: | | | |
| | North Palm Beach FL 3 | 3408 | | |
| :hange igent v vas/we | imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the like in Kristen Espirales | s of the giste oility of the li | ne State of ered office company, mited liab I liability c | and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company. |
| Siona | ture of a member or authorized representative of a member | | nsten Espin | ales, Attorney-in-Fact Printed or typed name of signee |
| l herei provisi he obl o mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point in the proper and complete point on the proper and complete point of my position as registered agent as provided pelvicely reflect a change in the registered office address. I he lin writing of this change. Kristen Espinales — Kristen Espinales, Special Secretary | ertori | nance of n | apacity. I further agree to comply with the w duties, and I am familiar with and accept |

Signature of Registered Agent