Division of Corporations



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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.

1.	Na	me of the limited liability company:	ıblishin	g LLC	· · · · · · · · · · · · · · · · · · ·		
2.	(a)		_ (b)				
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Jailing address of limited (Note: MAY BE POST	liability co	mpany:
		16815 Von Karman Ave Suite 190		16815 V	on Karman Ave S	uite 190	0
		Irvine, California 92606	_	Irvine, C	alifornia 92606		
		02-20-2023		L2300	0090946		
3.		Date of filing/registration in Florida	4.	···	Document number		
5	(a)	REGISTERED AGENTS INC.					
.,.	(**)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	· '}		
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS				
		7901 4TH ST N STE 300	•				
		ST. PETERSBURG . FL_	33702				
ſ	(b)	eResidentAgent, Inc.			-	2023 APR	
	(-,	Enter name of NEW Registered Agent and/or NEW Registered C	Mice 2dd	ress:	•	APR	<u>.</u>
					-	10	= 1 = -
		801 US Highway I				PH	
		NEW Registered Office Address:				**- **-	
						30	
		North Palm Beach . FL	3340	S.		ک	
			3370		•		
the age wa	cha ent v s/w/c	mited liability company is not organized under the law- inge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of class of organization or the operating agreement of the liability	he regis bility co the limi imited li	tered office mpany, it is ted liability ability com	and the business offices hereby confirmed the company or as other apany.	ice of the at the ch rwise pro	registered ange(s)
7	ioma	ure of a member or authorized representative of a member		Ka A, East	er, Authorized Person Printed or typed name of		
I h pro the to i not	ierei ovisi obl mere tified	by accept the appointment as registered agent and agre ins 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 in writing of this change.	vrtorm.	nce of my a	acity. I further agree luties, and I am lamil	to comp liar with	ana accevi