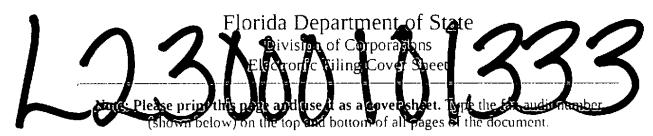
Division of Corporations



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From:

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Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE ASYLUM SYSTEMS LLC

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M. SOLOMON

JUN 17 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.

1.	Na	une of the limited liability company: Asylum Systems L	LC			
2.	(a)		(b)			,
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		02/27/23	L230001	.01333		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	ROCKET LAWYER CORPORATE SERVICES LLC				
		Registered Agent and Registered Office shown on the records of t 155 OFFICE PLAZA DRIVE	the Florida Dept. of	State:		-1
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			24	
;		1ST FLOOR			<u></u>	
1		TALLAHASSEE, FL			== 7	بران <u>-</u> عد
	(b)	Registered Agents Inc		- 	AH 9:	787 1878 1988
•,		7901 4th St N			20	SNOTE 31N
		NEW Registered Office Address:				
		STE 300		<u> </u>		
		St. Petersburg , FL.	33702			
the age wa the	cha ent w s/we arti	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registered of ability company, if the limited liab	ffice and the business office it is hereby confirmed that to fility company or as otherwi	of the	registered .nge(s)
-5	ignat	tre of a member or authorized representative of a member		Printed or typed name of sig	ncc	
$\frac{not}{2}$	ijiec	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete ignitions of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.		capacity. I further agree to my duties, and I am familiar 605, F.S. Or, if this docume hat the limited liability comp	compl with cent is he oany he	wwith the and accept eing filed as been
-4-	· ` `	David Roberts - Assistant Se	cretary			