Division of Corporations

Florida Department of S

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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 : (813)436-5206

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LLC REGISTERED AGENT CHANGE **NEW VISUAL IDEAS LLC**

| Certificate of Status | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Fax: 8134365206

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.

| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 04/10/23 L23000175135 3. Date of filling/registration in Florida 4. Document number 5. (a) RIVAS. ANA L Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 849 CRESTVIEW CIR Registered Uffice Address (MUST BE FLORIDA STREET ADDRESS) WESTON FL 33327 (b) Northwest Registered Agent LLC Enter name of NEW Registered Agent andror NEW Registered Office address: STE 300 St. Petersburg If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the regist agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) washvere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company or as otherwise provided in the registered of all statutes relative to the proper and complete performance of my duties, and 1 am familiar with and one of the obligations of all statutes relative to the proper and complete performance of my duties, and 1 am familiar with and one of the obligations of my position as registered agent as provided for in Chapter 605, F. Or, if the Course its being fit to morely reflect a change in the registered agent as provided for in Chapter 605, F. Or, if the Course its being fit to morely reflect a change in the registered agent as provided for in Chapter 605, F. Or, if the Course its being fit to merely reflect a change in the registered agent as provided for in Chapter 605, F. Or, if the Course its being fit to merely reflect a change in the registered agent as provided for in Chapter 605, F. Or, if the Course its being fit to merely reflect a change in the registered agent as provided for in Chapter 605, | 1. N | ame of the limited liability company:NEW VISUAL IDE | AS LLC | <u> </u> |
|--|-----------------------------|--|--|--|
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| NEW Registered Office Address: STE 300 St. Petersburg St. P | | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | PRANCE OF THE PR |
| St. Petersburg St. | | 7901 4th St N | | |
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| Taylor Newman - Assistant Secretary | provis the obi to mer | ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I I d in writing of this change. | ee to act in th performance (I for in Chapt icreby confirn | is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been |
| Signature of Registered Agent | | /==lsr / /=sre- | ecretary | |