Florida Department of State Division of Corporations Alectronic Filing Gover Sheet

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LLC REGISTERED AGENT CHANGE PINK HOUSE DIGITAL LLC

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K. Brumples

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.

Na	me of the limited liability company:	GITAL		
(a)	265 JACKSON AVE (b) 265 JACK		JACKSON AVE	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SATELLITE BEACH, FL 32937	<u> </u>	SATE	ELLITE BEACH, FL 32937
	04/25/2024		L23000	0185948
	Date of filing/registration in Florida	4.		Document number
(a)	LEGALINC CORPORATE SERVICES INC.			
(b)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. o	f State:
	476 RIVERSIDE AVE.			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE:	<u>(S)</u>	
	JACKSONVILLE .FL	32202		
	Corporate Creations Network Inc.			2024 APR 25
	Enter name of NEW Registered Agent and/or NEW Registered	Office s	ddress:	
	801 US Highway I			
	NEW Registered Office Address:			PR
				<u>୍</u>
	North Palm Beach, FL_	33408		
nge nt we artic gnat	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member of a member of a member as registered agent and agree of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete pigations of my position as registered office address, I have the proper and complete pigations of my position as registered office address, I have the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of my position as registered of the proper and complete pigations of the prop	registe bility of the li imited Es	red offic ompany mited lia liability trella Tav	re and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided it company. Printed or typed name of signee capacity. I further agree to comply with the

strella Tavarez Estrella Tavarez, Special Secretary

Signature of Registered Agony