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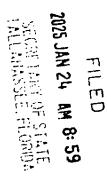
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## LLC REGISTERED AGENT CHANGE SPENCER THWAYTES & CO. LLC

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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.

SPENCER THWAYTES & CO. LLC

1.	Мa	me of the limited liability company: SPENCER THWA	TIES	- X	CO. LLC	
2. (a	) .		_	(b)		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1500 Weston Road 3055 weston, FL 33326 IT			1500 Weston	n Road 3055 weston, FL 333261T
		05/09/2023	_	]	.2300023067	1
3.		Date of filing/registration in Florida	4.		I	Document number
5. (8	1)	POMERANZ LAW PLLC				
(b)		Registered Office Address (MUST BE FLORIDA STREET A  1430 S. FEDERAL HIGHWAY SUITE 302 DEERFIELD				·
			33441			FIL 2025 JAN 24 SECRITAR FALL ARRESS
	۸.	C T Corporation System				<b>AN 24</b> <b>FI</b>
	· <b>'</b> .	Enter name of NEW Registered Agent and/or NEW Registered Office address:			res <u>s</u> :	\$EF.FLO \$EF.FLO \$EF.FLO
		NEW Registered Office Address:				59 55
		1200 South Pine Island Road		_		, -
		Plantation, FL_	33324			
the cl agent was/v	hai w ve	mited liability company is not organized under the lawinge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of cles of organization or the operating agreement of the legal to the second or the second or the legal to the second or the	the reg bility of the li limited	gis! coi mi I li	ered office npany, it is ted liability ability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Sim	121:	are of a member or authorized representative of a member	Jes —	SSIC	a Crowley	Printed or typed name of signee
I her provi the oi to me notifi By:	eh sie bli ed	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.  C T Corporation System Leslie Martin	ee to a perform for in ereby	ct ma co		