9/18/2024 12:53:17 PDT , To: 18506176383 Page: 1/2 Fax: 8134365206

Florida Department of State Division of Sover Sheet Division of State Division of Sover Sheet

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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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Fax: 8134365206 To: 18506176383 Page: 2/2 9/18/2024 12:53:17 PDT,

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. 1	ame of the limited liability company: Delta XT		
2. (a)	79014th St N	_(b) 79014	th St N
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 300	STE 3	00
	St. Petersburg, FL 33702	St. Pete	ersburg, FL 33702
	05/10/23	L2300	00231315
3.	Date of filing/registration in Florida	4.	Document number
5. (a	TYLER MAYS		
J. (a	Registered Agent and Registered Office shown on the records o	the Florida Dept. of Sta	me:
	111 E Washington St		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_
	Unit 1921		
	Orlando	O-1	-
	, [Orlando	-
(h)	Northwest Registered Agent		2021
(b)		_LC	2024 SE
(b)	Northwest Registered Agent	_LC	2024 SEP 18
(b)	Northwest Registered Agent Enter name of NEW Registered Agent and/or NEW Registered	_LC	2021 STP 18 PH
(b)	Northwest Registered Agent Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N	_LC	

the articles of organization or the operating agreement of the limited liability company.

VOST SOMASTA	Nat Smith
Signature of a member or authorized representative of a member	Printed or reped name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Taylor Newman - Assistant Secretary

Taylor Newman - Assistant Secretary

Signature of Registered Agent