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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 : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE **CAPNUNU 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.

1. N	Name of the limited liability company: CAPNUNU LLC					
2. (a))	(b)				
_, (0,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	00/00/0000		270:47			
3.	06/08/2023 Date of filing/registration in Florida	- L230004 - 4.	Document number			
ა.		4.	Document number			
5. (a	KOSA, ANGELA					
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:			
	CALLE CLAVEL 1 VIV 307					
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)				
	PUERTO DE LA CRUZ , FL	SPAIN				
			رد · · · · · · · · · · · · · · · · · · ·	. ;	<u>~</u> ;	
(b					2003 2003	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			•	
	7901 4th St N				Ñ	Ė
	NEW Registered Office Address:				7.Y L0	C
	STE 300			· -' :	بب	
			programma and a second a second and a second a second and		_	
	St. Petersburg , FL	33702				
the chagent was/v the ar Sign I her provisithe old to me	limited liability company is not organized under the law tange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lawer of a member or authorized representative of a member eby accept the appointment as registered agent and agreeing of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address. If ed in writing of this change.	the registered of ability company, of the limited liability Robin Jones	ffice and the business off, it is hereby confirmed the bility company or as other company. Printed or typed name of canacity. I further garea.	fice of the hat the clearwise professioner	ie regi: hange(rovideo	stered (s) d in
	and Sports David Roberts - Assistant Se	ecretary				
Signal	ture of Registered Agent	-				