Florida Department of State

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Division of Corporations

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Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE MARIAUTO LLC

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K. SALY

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. Nan	nd of the limited liability company: MariAuto LLC			
2. (a) 4	1334 North Hwy 19 #1131		(b) 41334 North Hwy 19 #1131	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	-oif.			
	Tarpon Springs, FL 34689	_	Tarpon Spi	rings, FL 34689
0	÷ 96/13/2023		L230002858	445
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.			
` ' -	Registered Agent and Registered Office shown on the records of t	he Flor	ida Dept. of Stat	e:
	476 Riverside Ave.			
i	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	SS)	_
٠.	*			7 6
•	`,	32202		TALLAHAS
(b). (Sorporate Creations Network Inc.			JUN 21 CINI JASSI
	inter name of NEW Registered Agent and/or NEW Registered	Office	address:	m. H
	801 US Highway 1			JUN 21 AM 4: 35 CAHASSEE, FLORID
]	NEW Registered Office Address:	•		2
•				-
	North Palm Beach , FL	33408		
change of agent wi was/wer	nited liability company is not organized under the law or changes are made, the Florida street address of the II be identical. Or, in the case of a Florida limited lia e authorized by an affirmative vote of the members of les of organization or the operating agreement of the I	vs of the registe bility of f the li	ne State of Floored office and company, it is mitted liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Kristen Espinales	K	risten Espinale	s, Attorney-in-Fact
Signatu	re of a member or authorized representative of a member			Printed or typed name of signee
provisión the oblig to merel notified l	caccept the appointment as registered agent and agreens of all statutes relative to the proper and complete pations of my position as registered agent as provided y reflect a change in the registered office address, I him writing of this change.	ee to a perform I for in pereby	ct in this cape mance of my of Chapter 605 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been
	Kristen Espinales Kristen Espinales, Special Secretary			

Signature of Registered Agent