Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

Email Address:_____

LLC REGISTERED AGENT CHANGE CYBER CAPITAL E LLC

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Jul 17, 2025 06 17 To: -18506176383 Page, 2/2 Fax 18134365206

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY 5

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. 8	ame of the limited liability company:	. E LLC	· · · · · · · · · · · · · · · · · · ·				
2. (a)		(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
	7901 4th St N STE 300	7901 4th St N STE 300 St. Petersburg FL 33702					
	St. Petersburg FL 33702						
	06/27/23	L2	3000309155				
3.	Date of filing/registration in Florida	4.	De	ocument nu	mber		
5. (a	OV LAW GROUP LLC						
, (0	Registered Agent and Registered Office shown on the records of	the Florida D	ept, of State:				
	3750 NW 87 AV, STE 700, OFFICE 753						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)					
	DORAL . FI.	33178			1	7075	
(b)	Registered Agents Inc					7075 JUL 1	구 고 고
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<u>,,,</u> ;			-1	
	7901 4:h St N				, . . -	PH 2:	
	NEW Registered Office Address:				- ; -	: 36	
	STE 300					.	
	St. Petersburg	33702					
the chagent was/w the art	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the authorized authorized representative of a member	the registe ability com of the limite limited liab Bobin J	red office at pany, it is he d liability c oility compa ones	nd the busing creby confir ompany or a single.	ness office of med that the as otherwise name of sign	of the ne ch: e pro	registered mgc(s) vided in
provis the ob to me	Problem of the appointment as registered agent and agricus of all statutes relative to the proper and complete ligations of my position as registered agent as providerely reflect a change in the registered office address. It is writing of this change. David Roberts - Assistant Se	performand d for in Cha hereby conf	ing capaci re of my dut ipter 605, h irm that the	ies, and Lar S. Or, if the limited lial	m familiar s nis documer bility compo	with a n is b any h	y wun ine ind accept peing filod as been

Signature of Registered Agent