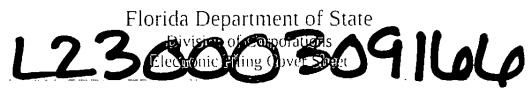
7/17/25, 10:42 AM

Division of Corporations



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H250002507073)))



 $\pm 250002507073480$ 

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 F LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2025 JUL 17 PH 2: 3

Arraovit ARO

Electronic Filing Menu

Corporate Filing Menu

Help JUL 1 7 2025 
 Jul 17,,0025,07:45
 To: +18506176383
 Page 2/2
 Fax: 18134365206

## 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. Ni	ime of the limited liability company:		
2. (a)		(b)	
2. (1)	Principal office address of limited trability company; (Note: MUST BE STREET ADDRESS)		Mailing address of limited bability company:  (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	7901 4th S	SLN STE 300
	St. Petersburg FL 33702	St. Petersl	burg FL 33702
	05/27/2023	L23000309	166
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	OV LAW GROUP LLC		
. ,	Registered Agent and Registered Office shown on the records of	the Florida Dept, of Sta	te:
	3750 NW 87 AV.		
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	_
	STE 700, OFFICE 753		_
	DORAL . FIL	33178	20
(b)	Registered Agents Inc		FILL FILL 17 2025 JUL 17
1127	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		一
	7901 4th St N		T PM
	NEW Registered Office Address:		
	STE 300		<u> </u>
	St. Petersburg , FL	33792	_
the cha agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registered offic ability company, it of the limited liabili	re and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in upany.
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I I in writing of this change.  David Roberts - Assistant Section - David Roberts - Assistant Section - David Roberts - Assistant Section - Assistant - A	performance of my d for in Chapter 60, hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
	re of Registered Agent	coretti y	