Division of Corporations

Florida Department of State Division of Corbo

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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

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

| C: Cu Paragrama A Email | Address: |
|--|--------------------------------|
| 44 2 - 44 | LLC REGISTERED EXCALIBUR MA |
| | Certificate of Status |
| | Certified Copy |

LLC REGISTERED AGENT CHANGE EXCALIBUR MARKETING LLC

| Certificate of Status | 0 |
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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 | lame of the limited liability company: | RKETING LLC | |
|---|---|---|---|
| 2. (a) | | (b) | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 05/31/23 | | 00323308 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a | , BORNEMANN, THOMAS | | |
| . (| Registered Agent and Registered Office shown on the records of | the Florida Dept. | of State: |
| | Registered Office Address | ADDRESS) | 一是是加 |
| | 9520 SEAGRAPE DRIVE, #206 | | |
| | DAVIE , FL | 33324 | 58 % M |
| (b) | Northwest Registered Agent LLC | | TALLAHASSEE, FLORID; |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address: | 39 m |
| | 7901 4th St N | | ** |
| | NEW Registered Office Address: | | |
| | STE 300 | | |
| | St. Petersburg , FL | 33702 | |
| the chagent was/w the ar | limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the language of a member or authorized representative of a member | f the registered ability compain of the limited l | d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| I her provi, the ol to me notific | eby accept the appointment as registered agent and agesions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I call in writing of this change. Taylor Newman - Assistant S | | nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been |
| Signal | ure of Registered Agent - Assistant S | ecretary | |