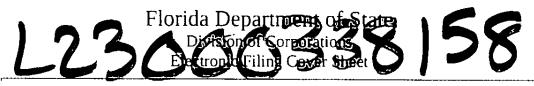
Division of Corporations



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Division of Corporations

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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.

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LLC REGISTERED AGENT CHANGE MAP USA, LLC

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Helb 1 sost K. Brumbley

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	ame of the limited liability company:MAP USA, LLC		
2. (a)		(b) _	
2 . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	07/17/2023	L2:	23000338158
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	AES ACCOUNTING & CONSULTING LLC		
(b)	Registered Agent and Registered Office shown on the records of	the Florida De	Dept. of State:
	7065 WESTPOINTE BLVD		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	SUITE 310		
	ORLANDO	32835	20"
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>	2024 HAY - 1
	Registered Agents Inc		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	ess:
	7901 4th St N		PH :
	NEW Registered Office Address:	-	
	STE 300		<u> </u>
	St. Petersburg . FI	33702	
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the register iability comporting the limite limited liah	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ibility company.
Sign.	ature of a member for authorized representative of a member	Robin J	Printed or typed name of signee
I here provis the ob to mer	eby accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	e performand ed for in Cha hereby conf	n this canacity. I further garee to comply with the
Classia	David Locats David Roberts - Assistant Sure of Registered Agent	secretary	