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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.

Email Address:

LLC REGISTERED AGENT CHANGE **3R GEEKS LLC**

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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	ame of the limited liability company: 3R GEEKS LLC				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		illing address of lim	ited liability company: OST OFFICE BOX)
3.	07/19/23 Date of filing/registration in Florida		23000340625 D		:r
5. (a)	UNITED STATES CORPORATION AGENTS, INC.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 RIVERSIDE AVE.				
	JACKSONVILLE	32202			2
(b)	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Office address: 7901 4th St N				2024 HAY - 7 All
	NEW Registered Office Address:				1
	STE 300				[]
	St. Petersburg, FL_	33702			
the cha agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	the registed bility confidence of the limited to th	ered office a pany, it is hed liability of bility comp	and the business nereby confirmed company or as o	office of the registered d that the change(s)
Signa	nture of a member or authorized representative of a member			rinted or typed nam	ne of signee
I here provis the ob to mer	by accept the appointment as registered agent and agri- tions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address. It d in writing of this change. Taylor Newman Assistant Se	performar I för in Ch iereby con	n this capac ace of my du apter 605, i firm that th	sity. I further ag tties, and I am fa F.S. Or, if this a e limited liabilit	ree to comply with the imiliar with and accept locument is being filed y company has been
Signati	ire of Registered Agent				