Division of Corporations

Florida Department of State Division of Corporations

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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

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

ည်မ်Email Address:

LLC REGISTERED AGENT CHANGE **SOFT COMPUTO 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:		_		
2. (a)	7901 4in St N STE 300	(b)	(b) 7901 4th St N STE 300		
(-)	Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	St. Petersburg, FL 33702		St. Petersburg, FL 33702		
	07/31/23	L2	23000359589		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a) EIR WORLD LLC				
	Registered Agent and Registered Office shown on the records o				
	8200 NW 41 ST. #200				
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS]			
	200				
	DORAL	L_33166			
		L			
(b)	Northwest Registered Agent LLC				
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addro			
	7901 4th St N				
	NEW Registered Office Address:		<u></u>		
	STE 300				
	St. Petersburg	33702 L			
the ch agent was/w	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 la ere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	nws of the St of the registe liability com of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
/	Machine of a member or authorized representative of a member	Nat Sm			
			Printed or typed name of signee		
provis the ob to mei	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 providely reflect a change in the registered office address, I ed in writing of this change.	e performan ed for in Ch hereby con	ithis capacity. I further agree to comply with the ce of my duties, and I am Jamiliar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		
Signar	Taylor Newman - Assistant Sure of Revistered Agent	Secretary			