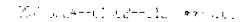
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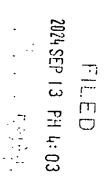
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PICK-UP WAIT MAIL							
(Business Entity Name)							
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Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations	
SURIF	CT: EDA/	NTE, LLC e of Limited Liability Company
.,(,1,01,	Name	e of Limited Liability Company
Dear Si	r or Madam:	
The end	losed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please t	return all correspondence concerning this	s matter to the following:
	ADHRAIN GRIFFITH Name of Person	1
	EDANTE LLC Firm/Company	
310	BAYSHORE DRIVE (UNIT 1505
FT	LAUDERDALE, FL City/State and Zip Code	33304
<u>L</u>	EDANTELLC @ GMAIL. -mail address: (to be used for future annu	COM ual report notification)
For fur	ther information concerning this matter, p	please call:
ADI	HRAIN GRIFFITH Name of Person	at (<u>678</u>) <u>358 - 5164</u> Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the following	amount:
	□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Name of the limited liability company: ED A	NTG	LLC	-		
2. (a) 3101 BAYSHORG DRIVE Principal office address of limited fiability company:	/	<u>3101</u>	BAUSHOEG ailing address of lir (Note: MAYBE F	nited liabi	
(<u>Note: MUST BE STREET ADDRESS)</u> האוד ואס ואוד ואס מאוד ואס אוד ואס אוד אוד אוד אוד אוד אוד איז		UNIT	1505	(), <u>11 ()11</u>	<u>102 1023</u>)
F+ LAUDERDALE, FL 33304	_	FT. LA	udgedalg	FL	33304
8/04/2023 5/6/2024 \$			L2300	20 3i	68223
3. Date of filing/registration in Florida	4.	Į	Document numb		
5. (a) Northwest Registered AGENT Registered Agent and Registered Office shown on the records of the T901 4th ST STE 300	e Florida I				
Registered Office Address (MUST BE FLORIDA STREET AI					
ST. PETERSBURG .FI.	33	702			
(b) ADHRAIN GRIFFITH				·*	2
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addr	ress:		•	724 SI
3101 BAYSHORE DR	·			:	면 F [-
NEW Registered Office Address:				,	P. F.
<u>UNIT 1505</u>	_			17 4: 00	FILED 2024 SEP 13 BH
FT. LAUDERDALE .FL.	33.	304		· (7)	l
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the li	he regist pility con the limit	ered office npany, it is ed liability ibility comp	and the busines hereby confirm company or as pany.	s office of ed that the otherwis	of the registered he change(s) he provided in
Signature of a member of authorized representative of a member		HOI	Printed or typed na	RIFFIT	<i>H</i>
Signature of a member of authorized representative of a member I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address. I he notified in writing of this change. Signature of Registered Agent	e to act i performa for in Co vreby coi	in this cana	city I further a	oree to i	comply with the