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Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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JUL 1 1 2025

I. LEMIEUX

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

SU	irsui bmit orid	ant to the provisions of sections 605.0114 or is the following statement in order to chan a.	ge its regi	<u>istered</u>	la Statutes, to office or re	egistered agent, o	mited liab or both, in	ility co the S	mpany tate of	
1.	Na	me of the Limited Liability Company:	011 11110	,,,,,						
2,	(a)	250 Washington Avenue		(b) 250 Washington Avenue						
, (-)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
		Suite 2A			Suite 2A					
		Toms River, NJ 08753		Toms River, NJ 08753						
		8/14/2023			L23000	380913				
3.		Date of filing/registration in Florida	a	4.		Document numb	er			
5.	(a)	LANDER, STEVE, ESQ.				_				
		Registered Agent and Registered Office shown on the	records of th	e Florid	a Dept. of State	c :		2		
		318 SE 8TH STREET				<u>.</u>		025		
		Registered Office Address (MUST BE FLORIDA	STREET AL	DDRES.	<u>21</u>		,	2025 JUL 10	7	
						_	•	-		
		FORT LAUDERDALE	FI	3331	6		• -	0		
			, 1 L		-	_	ز:	- C		
(b)		Capitol Corporate Services, Inc.	_	(7)	$\overline{\mathbb{N}}$					
	` '	Enter name of NEW Registered Agent and/or NEW	-	OF STATE	PM 12: 10					
							m	0		
		515 East Park Avenue 2nd Fl		<u> </u>		-				
		NEW Registered Office Address:								
						_				
		Tallahassee	, FL_	3230	1	_				
Iſ	the l	imited liability company is not organized unc	der the law:	s of the	State of Flo	orida it is hereby	confirmed	that af	fer .	
the	e cha	inge or changes are made, the Florida street a	address of t	the regi	stered office	e and the business	office of t	the regi	istered	
ag w	ent v Is/w	will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the m	nembers of	the lin	ompany, it is nited liabilit	s nereby confirme y company or as (otherwise r	change provide	s(s) ed in	
		icles of organization or the operating agreeme					•			
		neodore Patestos		The	odore Pat					
		ture of a member or authorized representative of a mem			a to at to	Printed or typed nar	•	,		
prithe to	nere. aviși e obi merc tifiei	by accept the appointment as registered ager ions of all statutes relative to the proper and ligations of my position as registered agent a ely reflect a change in the registered office a d in writing of this change.	nt and agre complete p is provided ddress, I hi	e to ac perform for in ereby c	t in this capt lance of my t Chapter 605 confirm that	acity. I further as duties, and I am J. 5, F.S. Or, if this t the limited liabili	gree to con amiliar wit document i ty compan	ipiy wi th and i is being y has b	in ine accept g filed een	
		3 mm Bucherter				nt Secretary o				
Si	gnatu	re of Registered Agent	behalf o	of Cap	itol Corpo	orate Services,	, Inc.			