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To:

Division of Corporations _

Fax Number : (850)617-6383

From:

Email Address:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (813)436-5206

*Ei	nter	the	email	address	for	this	busin	ess	entity	to	be	used	for	future
	an	nual	report	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	* *
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LLC REGISTERED AGENT CHANGE CATFISH CUSTOMS 4X4, L.L.C.

Certificate of Status	0
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Page Count	02
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M. SOLOMON

SEP - 4 2024

9/4/2024 07 02 33 POT + . To 18506176383 Page 2/2 Fax 8134365206

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.

l. Na	une of the limited liability company.	oms 4X4, LLC						
2. (a)								
2,	Principal office address of limited hability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability con (Note: MAY BE POST OFFICE B	npany:				
	08/18/23	L230	000388796					
3.	Date of filing/registration in Florida		Document number					
5. (a)	INC AUTHORITY RA							
. (H)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State							
	Registered Office Address (MUST BE FLORIDA STR.)	EET ADDRESS)	7.00	20				
	390 NORTH ORANGE AVE., STE 2300-N			7024 SEP				
	ORLANDO	第八章 · 100 ·						
		 SSE	4					
(b)	Registered Agents Inc							
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Regis</u>		1. L					
	7901 4th St N		84					
	NEW Registered Office Address:		•					
	STE 300							
								
	St. Petersburg	, Fl						
the cha agent v was/we the art	imited liability company is not organized under the ange or changes are made, the Florida street addre will be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the memb icles of organization or the operating agreement o	ss of the registered ed liability compa- sers of the limited	d office and the business office of the my, it is hereby confirmed that the cha Tiability company or as otherwise prov	registered inge(s)				
/	ture of a member of buthorized representative of a member	Robin Jor						
			Printed or typed name of signee	· · · · •				
provisi the obli to mere yotific	by accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as profely reflect a change in the registered office address of my ruting of this change.	plete performance syided for in Chap ss, I hereby confir.	his capacity. I further agree to comply of my duties, and I am familiar with a ter 605, F.S. Or, if this document is b m that the limited liability company ha	v with the ind accept eing filed as been				
しなな	David Roberts - Assista	ant Secretary						

Signature of Registered Agent