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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 हिन्द्राताप्रची report mailings. Enter only one email address please ** Email Address:_

LLC REGISTERED AGENT CHANGE TECHFUTURES LLC

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K. SALY

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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 hability 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:	TC	
2. (a)	:	(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	COLUMN TO THE PROPERTY OF THE		
I_{n}^{l}	• : 7 :		
	;		
••-	09/05/2023	L2300	00413583
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SUNDAY, ARMIS J		
. (4)	Registered Agent and Registered Office shown on the records of t		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	~~~
	1115 FAIRLAND AVE		724
	PANAMA CITY . FL	32401	PILE TALL'ATHASS
(b)	Northwest Registered Agent LLC		PILED AN 4: 17 TALLAMASSECTELORIO
1.	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	STREET OND
$\frac{P^{r}}{t^{r}}$	·		
	7901 4th St N		
	NEW Registered Office Address:		
•	STÉ 300		··
	St. Petersburg	33702	
the cha agent v was/we the arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member.	the registered ibility compan f the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
Signa	ture of a member or authorized representative of a member	·	Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	performance of I för in Chapte iereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed a that the limited liability company has been
- / V-	Taylor Newman - Assistant Se	ecretary	
Signatu	re of Registered Agent		

12-