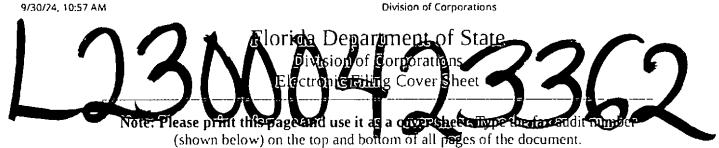
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

Fax: 813436520

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

mail	Address:	

## LLC REGISTERED AGENT CHANGE SURE SCORE SOLUTIONS, LLC

Certificate of Status	0
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M. SOLOMON OCT - 1 2024

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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. Na	ame of the limited liability company: Sure Score Solution	s, LLC					
2. (a)	7901 4th St N	í	b) 7901	1 4th St N			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	/ <u></u>	Mailing	address of limited liab		
	STE 300	_	STE	300			
	St. Petersburg, FL 33702	-	St. P	etersburg, FL	33702		
	09/11/2023		L2300	0423362			
3.	Date of filing/registration in Florida	4.		Docu	ment number	_	
5. (a)	INC AUTHORITY RA						
. (,	Registered Agent and Registered Office shown on the records of the						
	Registered Office Address (MUST BE FLORIDA STREET AD	DRES	<u>S)</u>	<del>12</del>	SEC	2024 SEP 30	
	390 NORTH ORANGE AVE., STE 2300-N		<u>-</u>		(mr ta.) (mr ta.)	SE SE	
	ORLANDO FL 3:	2801				ယ္ဆိ	dama ram
(b)	Registered Agents Inc			<u>.</u>	SSE SEC	PH	1.1.5
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice ac	ldress:		그렇	ယ္	
	7901 4th St N				· 🛗	<u> </u>	
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg . FL 33	3702					
the cha agent v was/we the arti	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the line of a member or authorized representative of a member.	ic regility cannot the line th	stered ompan nited li	office and the seriest of the seriest of the series of the	he business office by confirmed that it pany or as otherwi	of th the c	ne registered hange(s)
Signa	ture of a member or authorized representative of a member		<del>-</del>	Printee	d or typed name of sig	nec	
I here, provisi the obl to mere	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided t ely reflect a change in the registered office address. I he d in writing of this change.	erforn for in reby c	t in thi. iance o Chaptè confirm	s capacity. of my duties, or 605, F.S. or that the lin	I further agree to and I am familiar Or, if this docume nited liability comp	com with ont is pany	ply with the and accept being filed has been

Signature of Registered Agent