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Division of Corporations

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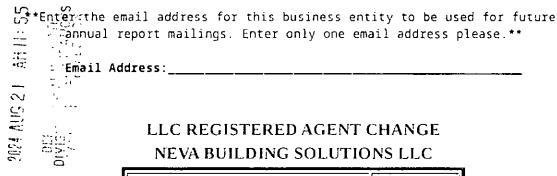
Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206



LLC REGISTERED AGENT CHANGE NEVA BUILDING SOLUTIONS LLC

Certificate of Status	0
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M. SOLOMON AUG 2 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	me of the limited liability company.	NEVA BUILD	ING SOLUTIO	NS LLC					
2.	(a)	Principal office address of limited tial (Note: MUST BE STREET A)	bility company:			Mailing address of limited (Note: MAY BE POST)	habilay coi	npanyt	_	
3. 5. (a	10/10/23 L23000467828 Date of filing/registration in Florida 4. Document number									
	(a)	HUSREVOGLU, HALUK Registered Agent and Registered Office show 3623 E MOHAWK AVE, TAMPA, FL 336 Registered Office Address (MUST BE FL)	tale.		2024 AUG					
	(h)	TAMPA Northwest Registered Agent LEC Enter name of NEW Registered Agent and/or				-	AUG 21 PH 3: 27 (ETARY OF STATE AHASSFELFLORID)			
		7901 4th St N NEW Registered Office Address: STE 300				-	7			
the age was the	cha nt w s/wc arti	mited liability company is not organizage or changes are made, the Florida will be identical. Or, in the case of a Fore authorized by an affirmative vote of cles of organization or the operating a support of a member or authorized representative of a member or authorized representative of a member or authorized representative or auth	street addres Torida fimite of the membe greement of	e laws of the s of the regis d liability co ers of the lim	tered offic inpany, it i ited liabilit ability cor	orida, it is hereby confice and the business official thereby confirmed they company or as other	ice of the at the cha rwise pro	register inge(s)		
I he protection	erel visi obli nere Higo	y accept the appointment as registere ons of all statutes relative to the prope igations of my position as registered a W reflect a change in the registered of I'm writing of this change.	ed agent and er and comp igent as prov ffice address	lete performa	$mcc\ of\ mv$	acity. I further agree duties, and I am famil	to compl iar with i	ınd aççe	777	