Division of Corporations

Florida Department of State

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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 annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE SOWERS WEB TECH, LLC

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10/25/2023 09:02.13 PDT To: 18506176383 Page: 2/2 From: Registered Agents Inc 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

. (a)			(b)	
	Principal office address of limited liability of (Note: MUST BE STREET ADDRES			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
			450 Ric	dgewood St
			Altarno	nte Springs Florida 32701
	10/12/23		L230004	74466
	Date of filing/registration in Florid	ia 4.		Document number
. (a)	SOWERS, ADAM A			
, (u)	Registered Agent and Registered Office shown on th	e records of the Flo	rida Dept. of	State:
	450 RIDGEWOOD ST			
	Registered Office Address [MUST BE FLORIDA STREET ADDRESS]		<u>-</u>	
	ALTAMONTE SPRINGS	FL_32701	<u></u> -	
(b)	Northwest Registered Agent LLC			
10)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			—
	7901 4th St N			<u>-</u> د
	NEW Registered Office Address:			
	STE 300		 	
	St. Petersburg	. FL 33702	2	
re cha gent v /as/we re arti	imited liability company is not organized uninge or changes are made, the Florida street will be identical. Or, in the case of a Florida cre authorized by an affirmative vote of the cles of organization or the operating agreen	address of the realistics and the limited liability members of the limite	egistered of company, limited liab ad liability	ffice and the business office of the registere it is hereby confirmed that the change(s) bility company or as otherwise provided in
	ture of a member or authorized representative of a me	<u> </u>	lat Smith	District as hard many of the control
Signa	ture of a member or authorized representative of a me	mber		Printed or typed name of signee

Signature of Registered Agent

notified in writing of this change.

Taylor Newman

- Assistant Secretary