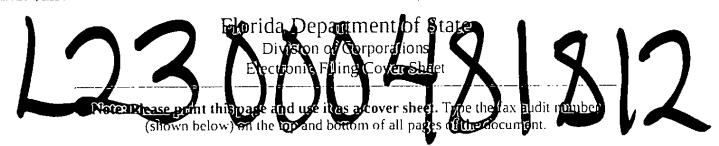
Division of Corporations



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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

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10/17/2024 05:06:44 PDT . . 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.

. (a)	7901 4th St N STE 300	7901 4th St N STE 300			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	St. Petersburg, FL 33702 St. Petersburg, FL 33702				
	10/20/23	<del></del>	L23000481812		
	Date of filing/registration in Florida	4.	Document number		
(a)	ZENBUSINESS INC.				
. (a)	Registered Agent and Registered Office shown on the records of				
	336 E. COLLEGE AVE.				
	Registered Office Address (MUST BE FLORIDA STREET)	<u></u>			
	SUITE 301	- 15 <b>024 (</b>			
	TALLAHASSEE . FL	32301	2024 OCT 17		
(b)	Registered Agents Inc	<u>တက်</u> ဟင်း <b>ကွာ ကြ</b>			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				
	7901 4th St N	dress:			
	NEW Registered Office Address:				
	STE 300	<del></del>			
	St. Petersburg , FI.	33702			
ne cha gent we ras/we ne artic Signat	mited liability company is not organized under the lar ngc or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited librate authorized by an affirmative vote of the members of cless of organization or the operating agreement of the member of a member or authorized representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete	f the regis ability cor of the limi limited li Robin	stered office and the business office of the regist ompany, it is hereby confirmed that the change(s ited liability company or as otherwise provided iability company.  In Jones  Printed or typed name of signee  In this capacity. I further agree to comply with		

Signature of Registered Agent