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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206 FILED PH 3: 54
PEALMAN 25 PH 3: 54
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Fax: 2083526

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Email Address:	
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LLC REGISTERED AGENT CHANGE SAFETY IN NUMBERS, LLC

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K. SALY

NOV 2 6 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. Na	une of the limited liability company: SAFETY IN NUM	BERS, LL	C	
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 BON)
	7901 4th St N STE 300		7901 4th 9	St N STE 300
	St. Petersburg FL 33702	.	St. Peterst	ourg FL 33702
	11/06/23		L230005047	710
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	INC AUTHORITY RA			
ω). (tk)	Registered Agent and Registered Office shown on the records of			
	390 NORTH ORANGE AVE., STE 2300-N			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	 2	-
				7 20
	ORLANDO .FI	32801		THE
(b)	Registered Agents Inc			FILED PH 3: 54 MALLAHASSEE, FLORIDA
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	
	7901 4th St N			3: 54
	NEW Registered Office Address:			- -
	STE 300			-
	St. Petersburg , FI	33702		_
the cha agent v was/we the arti Signal Therel provisi	imited liability company is not organized under the laringe or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the large 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	the reginability confidence of the limited lim	stered offic ompany, it i sited liabilit iability cor on Jones of in this cap ance of my	e and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in appany. Printed or typed name of signee activ. I further agree to comply with the duties, and I am familiar with and accept
the obl to mere n <u>oti</u> fico	igations of my position as registered agent as provide By reflect a change in the registered office address. I in writing of this change.	d för in C hereby c	Thapter 602	δ , F.S. Or, if this document is being filed
	David Roberts - Assistant S	ecretary		