

	(Requestor's Name)				
	(Address)				
(Address)					
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
	(Decomposit Number)				
	(Document Number)				
Certified Copies	Certificates of Status				
	. <u>.</u>				
Special Instructions to Filing Officer:					
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Office Use Only





CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 729550 8462605					
AUTHORIZATION :					
COST LIMIT : \$ 25.0					
ORDER DATE: October 29, 2024					
ORDER TIME : 2:08 PM					
ORDER NO. : 729550-011					
CUSTOMER NO: 8462605					
CHANGE OF AGENT					
NAME. DIACU EUND MANACEMENT LIC					
NAME: FLASH FUND MANAGEMENT LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Shauna Godbolt EXT#					

EXAMINER: ______

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.

l. Na	me of the limited liability company: FLASH FUND N	MANAGE	EME	ENT LLC	
2. (a)		(l	b)		
(, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	7901 4th st n		7	7901 4th st n	
	st petersburg, FL 33702	_	s	st petersburg, FL 33702	
	11/30/2023		L	23000534929	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
(,	Registered Agent and Registered Office shown on the records of REGISTERED AGENTS INC	the Florida	a Do	ept, of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	7901 4th St N STE 300				
	St. Petersburg	33702		26 	
				ECR!	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldre		
	Corporation Service Company			FILED 2024 OCT 30 AM 9: 35 SECRETARY OF STATE TALLAUSE LES LES LOS CONTROLS SECRETARY OF STATE TALLAUSE LES LES LOS CONTROLS SECRETARY OF STATE TALLAUSE LES L	
	NEW Registered Office Address:				
	1201 Hays Street			35	
	Tallahassee, FI	32301			
change agent w was/we	imited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lizere authorized by an affirmative vote of the members coles of organization or the operating agreement of the	register ability co of the lin	ed omp nite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in	
	k Eisner	Zac	ck E	Eisner	
I herel provisi the obli to merc notified	were of a member or authorized representative of a member by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address. If I in writing of this change. Acceptable Grace E. Kirby, Asst. Vice Pres	perform d for in C iereby co	t in anc Cha conf	Printed or typed name of signee this capacity. I further agree to comply with the ve of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed irm that the limited liability company has been	
	Chace 12. (Choy, 1735), The Fies				

Division of Corporations

• P.O. Box 6327

• Tallahassee, FL 32314

FILING FEE: \$25.00 729550