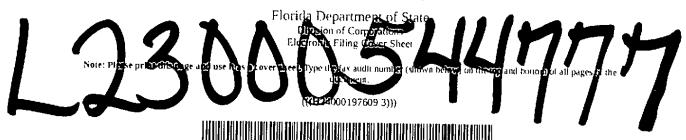
Division of Corporations



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Account Number : 128890080081 Phone : (307)200-2803 Fax Number : (813)436-5206

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M. SOLOMON JUN - 5 2024 ഗ

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.

| 1. | Name of the limited liability company:DMD VMD L.L.C. | | | |
|--|--|--|--|---|
| 2. (a | .) | (b) | | 4 |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ | Mailing address of limite (Note: MAY BE POS | ed liability company: |
| | | | | |
| | 12/08/23 | L2300 | 00544777 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a | a) ZENBUSINESS INC. | | | |
| | Registered Agent and Registered Office shown on the records of | | | |
| | 336 E. COLLEGE AVE. | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 202 |
| | SUITE 301 | | | |
| | TALLAHASSEE | 32301 | | 2024 JUN -5 |
| | Registered Agents Inc | | | , • 1 = 4, |
| (b | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | _ | |
| | the hane of NEW Registered Agent and/of NEW Registered | Cince address. | | S 5 5 5 |
| | 7901 4th St N | | | 200 |
| | NEW Registered Office Address: | | | |
| • | STE 300 | | | |
| | St. Petersburg FL | 33702 | | |
| the clagent was/whithe at | limited liability company is not organized under the law hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the | the registered ability compar of the limited 1 | I office and the business ony, it is hereby confirmed tiability company or as other. | ffice of the registered that the change(s) |
| | Multiple of a member or authorized representative of a member | Robin Jone | | |
| | | | Printed or typed name | · · |
| I her provi the o to me natifi | why accept the appointment as registered agent and agressions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I held in writing of this change. | ce to act in the performance of d for in Chapt hereby confirm | is capacity. I further agre of my duties, and I am Jan er 605, F.S. Or, if this do n that the limited liability | to comply with the miliar with and accept ocument is being filed company has been |

Signature of Registered Agent

David Roberts

To ports

- Assistant Secretary