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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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LLC REGISTERED AGENT CHANGE PANLIFE TRADE, LLC

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K. SALY

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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 liability 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. PANLIFE TRADE						
2. (a		(h)					
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Mi	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	01/03/2024	_ L	2400000747	3			
3.	Date of filing/registration in Florida	. – 4.		Document number			
5. (a	, REGISTERED AGENTS INC						
5. (a	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:				
	7901 4TH ST.N						
	Registered Office Address (MUST BE FLORIDA STREET A	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	STE 300			ALL ALL			
	ST.PETERSBURG . FL_	33702					
(b	Northwest Registered Agent LLC		ress:	LEU ASSEE, FLORID			
	7901 4th St N		0.810.				
	NEW Registered Office Address:						
	STE 300		<u>-</u>				
	St. Petersburg . FL	33702					
the cl agent was/v the au	limited liability company is not organized under the law nange 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 ticles of organization or the operating agreement of the law for a member or authorized representative of a member	the regist bility cor I the limi imited li Nat S	ered office an pany, it is it	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee			
I her provi the oi to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I he did writing of this change.		n this capac nce of my di haptèr 605, nfirm that th	city. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been			
Ci	Taylor Newman - Assistant Se	cretary					
огдпа	mie or registered rigent						