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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE REGENT SOLUTIONS LLC

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K. SALY

DEC 19 2024

12/18/2024 06:07 55 PST . 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.

1. No	ane of the limited liability company: Regent S	oluti	ons l	LC
2. (a)	Principal office address of limited liability company:			Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	_		(Note: MAY BE POST OFFICE BOX)
	01/03/2024	_	1 240	000010924
3.	Date of filing/registration in Florida	4,		Document number
	ZENDLICINECS INC			
5. (a)	Registered Agent and Registered Office shown on the records of the 336 E. COLLEGE AVE.	he Florid	a Dept. of	State:
	Registered Ottice Address (MUST BE FLORIDA STREET A	DDRES:	5)	
	SUITE 301			
	TALLAHASSEE	3230	1	
(Ե)	Registered Agents Inc			THE PH 4: 05
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ad	ldress:	是是
	7901 4th St N			H: 0
	NEW Registered Office Address:			<u> </u>
	STE 300			
	St. Petersburg	33702	2	
the cha agent v was/w the arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regi bility co f the lin	stered of ompany, nited liab	fice and the business office of the registered it is hereby confirmed that the change(s) ality company or as otherwise provided in
<i>i</i>	ture of a member of audiorized representative of a member	Ro	bin Jo	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	e to ac perform I for in ereby c	t in this d lance of i Chapter confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed nat the limited liability company has been

Signature of Registered Agent

David Roberts - Assistant Secretary