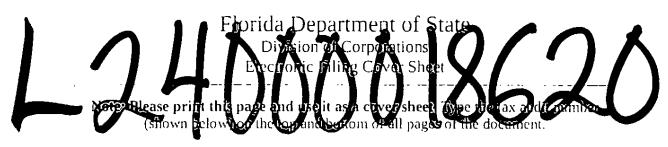
Division of Corporations



(((H240000814483)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

Fax Number

: (307)200-2803 : (813)436-5206

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE **UNIXP LLC**

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M. SOLOMON

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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.	Nan	ne of the limited liability company.			
2. (a	ı) _	Principal office address of limited liability company:	ıb)	ailing address of limited liability company;
	-	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	0	01/17/24		L2400001862	0
3.		Date of filing/registration in Florida	4.	1	Jocument number
5. (a)	a) {	STARK, SERGIUS			
		Registered Agent and Registered Office shown on the records of 625 E. TWIGGS ST STE 1000 PMB	the Florida	Dept. of State.	
		Registered Office Address <u>(MUNT BE FLORIDA STREET)</u> 98949	ADDRESS	L	2017 PdB
		TAMPA FI.			
(h)	R	Registered Agents Inc			
		inter name of NEW Registered Agent and/or NEW Registered	Office add	dress:	ب
	-	7901 4th St N			చ్
	2	NEW Registered Office Address:			
	;	STE 300			
	:	St. Petersburg, F1.	33702		
the c agen was/ the a	han; t wil werd #icl	nited liability company is not organized under the law go or changes are made, the Florida street address of If be identical. Or, in the case of a Florida limited li- e authorized by an affirmative vote of the members of less of organization or the operating agreement of the	the regis ability co of the lim limited l	stered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
- 1 S12	uatu	e of a member or authorized representative of a member			Printed or typed name of signee
Thei provi the o to me	reby isioi blig erely	eaccept the appointment as registered agent and agr ns of all statutes relative to the proper and complete ations of my position as registered agent as provide wreflect a change in the registered office address, I in writing of this change.	performa d for in C hereby ac	in this capa	city. I turther agree to comply with the
	·	Of Registered Agent - Assistant Se	Luciary		