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(((H250000622943)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (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.

| Email | Address | | | |
|-------|---------|--|--|--|

LLC REGISTERED AGENT CHANGE JUMP AROUND LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |



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: <u>JUMP ARC</u> | OUND LLC | | | | | |
|--|--|--|--|--|--|--|
| 2. (a) 7901 4th St N | (b) 7901_4t | h St N | | | | |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| STE 300 | STE 30 | 0 | | | | |
| St. Petersburg, FL 33702 | St. Pete | rsburg, FL 33702 | | | | |
| 01/24/2024 | | 0045673 | | | | |
| 3. Date of filing/registration in Florida | 4. | Document number | | | | |
| 5. (a) ZENBUSINESS INC. | | . | | | | |
| Registered Agent and Registered Office shown on the records | s of the Florida Dept. of Sta | te: | | | | |
| 336 E. COLLEGE AVE. | | | | | | |
| Registered Office Address (MUST BE FLORIDA STRE | <u>ET ADDRESS)</u> | 2 | | | | |
| SUITE 301 | | - 1025 | | | | |
| TALLAHASSEE | .FL <u>32301</u> | 2025 FEB | | | | |
| a. Darietared Amento Inc | | - 818 | | | | |
| (b) Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered | ered Office address: | | | | | |
| Lines being of 1715 w registered Agent and of 1715 w register | area other address. | AM 2: 2 (A-STATE) FILORIES | | | | |
| 7901 4th St N | | 출시 2 - | | | | |
| NEW Registered Office Address: | | <u> </u> | | | | |
| STE 300 | | _ | | | | |
| | | _ | | | | |
| St. Petersburg | FL 33702 | _ | | | | |
| If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the membe the articles of organization or the operating agreement of | s of the registered offic d liability company, it ers of the limited liabili | te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in | | | | |
| Signature of a member or authorized representative of a member | | Robin Jones Printed or typed name of signee | | | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and complete obligations of my position as registered agent as prove to merely reflect a change in the registered office address notified in writing of this change. Durid David Roberts - Assistant Secret | iete performance of my vided for in Chapter 60 5, I hereby confirm that | pacity. I further garee to comply with the | | | | |
| Signature of Registered Agent | • | | | | | |