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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

Enter the email address for this business entity to be used for future 🕰 🗫 mual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE STATERNUS INDUSTRIES & TRADING LLC

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M. SOLOMON

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MAR 1 2024

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

2. (a)		(b)	
	Principal office address of limited liability of (<u>Note: MUST BE STREET ADDRES</u>	отраду:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/01/2024		000051973
3.	Date of filing/registration in Floric		Document number
	PIOLI DOMINIC	,	Sheemen number
5. (a)	Registered Agent and Registered Office shown on th		
		·	
	Registered Office Address (MUNI BE FLORID.	A STREET ADDRESS)	76.32
	5656 KEATON SPRINGS DRIVE		
	LAKELAND	33811	
	LAKELAND	, rt,	;
(b)	Registered Agents Inc		بن بن
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address	: · မ်ာ
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	. FL 33702	
the cha agent v was/we he artj	inge or changes are made, the Florida street will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the recles of organization or the operating agreem	address of the registered limited liability compa members of the limited acut of the limited liabil	e of Florida, it is hereby confirmed that after d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
17	ture of a member or anthorized representative of a mer	Robin Jor	
Signal	ture of a mémber or authorized representative of a mer	mber	Printed or typed name of signee
Lherel	by accent the annointment as registered age	nt and cores to act in th	his capacity. I further agree to comply with the of my duties, and I am Jamiliar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been