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Division of Corporations

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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 **AUSTRALIS AURORA LLC**

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K. SALY

JAN 17-2025

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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.	Na	nne of the limited liability company:	ORA LL			
2. (a)		7901 4th St N STE 300		(b) 7901 4th St N STE 300		
(0	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		St. Petersburg FL 33702	St. Petersbu	urg FL 33702		
		02/21/2024		L2400009178	34	
3.		Date of filing/registration in Florida	4.	1	Document number	
5. (a)	(a)	CONTADOR RA LLC				
	(0)	Registered Agent and Registered Office shown on the records of the				
		4855 W HILLSBORO BLVD B3				
		Registered Office Address (MUST BE FLORIDA STREET A	<u>s)</u>	_		
					70 8	
(b)		COCONUT CREEK FL 3		173		
	(b)	Registered Agents Inc		FILE DAN 16 PH 3: 55		
		Enter name of NEW Registered Agent and/or NEW Registered (Office ac	idress:		
		7901 4th St N			55	
		NEW Registered Office Address:			-	
		STE 300				
		St. Petersburg , FL	33702			
the ag wa the	e cha ent v is/we arti Signa	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member of a member.	the reg bility c I the lir limited Rot	istered office ompany, it is nited liability liability comp oin Jones	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	
pr the to no	herei ovisi 2 obl mere tifice	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I h d in writing of this change.	ee to ac perforn I for in ereby c	t in this capa nance of my d Chapter 605, confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Si	gnatu	David Roberts - Assistant Se re of Registered Agent	cretary			