

(((H24000268550 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, MIAMI

Account Number : 120100000075 Phone : (305)373-9419 Fax Number : (305)373-9443

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

Email	Address:	andy@sundial.io	

## LLC REGISTERED AGENT CHANGE SUNDIAL HOLDINGS, LLC

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## COVER LETTER

	ration Section on of Corporations				
SUBJECT: S	UNDIAL HOLDINGS, LLC				
30, Daras 1	Nan	ne of Limited	Liability Company	_	
Dear Sir or Ma	dam <sup>1</sup>				
The enclosed F	Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing		
Please return a	Il correspondence concerning th	is matter to the	: following:		
Matthew Thomp	oson, Esq				
	Name of Person	····-	·- <u></u>		
Nelson Mullins	Riley & Searborough LLP			120 - 85	2024 AUG
	Firm/Company		<u> </u>	VH7 TBV	AUG
1905 NW Corpo	orate Blvd , Suite 310			SSEE VAN C	2
	Address		<del></del>	Y OF STAT	PH 12:
Boca Raton, Fl.	33431			2018.C	5
	City/State and Zip Code				
andy@sundial is	า				
E-mail ad	dress: (to be used for future ann	ual report noti	fication)		
For further infe	ormation concerning this matter,	please call:			
Gisela Fasco		305 at (	373-9419		
	Name of Person		Area Code & Daytime Telephone Numb	her	
Regist Divisio P.O. B	ng Address: ration Section on of Corporations fox 6327 assec. FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclos	ed is a check for the following	amount;			
<b>■</b> \$25	Filing Fee	O S	855 Filing Fee & Certified Copy		

Fax Audit No. H24000268550 3

## 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. N	ame of the limited liability company: SUNDIAL HOLD	INGS, LLC			
2 (a)	2 (a) 3200 N Federal Hwy, Suite 228		(b) 3200 N Federal Hwy, Suite 228  Mailing address of limited liability company:		
(4)	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Boca Raton, FL 33432	Boca Ra	Boca Raton, FL 33432		
	03/15/2024		20100		
3.	Date of filing/registration in Florida	L2400012	- <del></del>		
3.	• •	<del>4,</del> ,	Document number		
5. (a)	SUNDIAL, LLC		- <del></del>		
	Registered Agent and Registered Office shown on the records of the	ie Flonda Dept, of S	itate:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRF55)	<del></del>		
	339 West Palmetto Park Rd., Suite 200	<u>DDMIX.NJ</u>	7.00 <b>20</b>		
			SECRETARY		
	Boca Raton , FL_	33432			
			12 \^;\%		
(b)	Enter name of NEW Registered Agent and/or NEW Registered (	Man address			
	The same of the sa	Since address.	AUG 12 PH 12:51 CRETARY OF STATE LAHASSEELFLORID		
			); <b>5</b>		
	NEW Registered Office Address:		<u> </u>		
	3200 N Federal Hwy, Suite 228				
	Boca Raton , FL	33432			
change agent v was/wi	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of ides of organization or the operating agreement of the liab	egistered office a pility company, it the limited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in		
-	ture of a member or authorized representative of a member		Printed or typed name of signee		
- Managare	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.  The of Registered Agent	e to act in this ca erformance of m for in Chapter b creby confirm tha	apacity. I further agree to comply with the y duties, and I am familiar with and accept (15, F.S. Or, if this document is being filed at the limited liability company has been		
en E iiui	me or teel noten traent				