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Division of Corporations

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: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206 PRAJUH 10 PH 1: 45

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## LLC REGISTERED AGENT CHANGE KARNIG TECHNOLOGY GROUP LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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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.

1. N	ame of the limited liability company: KARNIG TECHNO	DLOGY GROUP	LLC			
·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of fimited liability company:  (Note: MAY BE POST OFFICE BOX)				
	04/04/24	L2400	0151373			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	KARNIG, ARTHUR					
<i>J.</i> (4)	Registered Agent and Registered Office shown on the records of	of State:  TALLAHASSEE & Lowing.				
	Registered Office Address (MUST BE FLORIDA STREET)					
	15522 FAN TAIL CIRCLE					
	BONITA SPRINGS	34135	三 豊子 C			
, h. s	Northwest Registered Agent LLC	i. F5				
<b>(</b> b)	Enter name of NEW Registered Agent and/or NEW Registered					
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300		<del> </del>			
	St. Petersburg , FI	33702				
the chagent was/w	limited liability company is not organized under the latange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the registered ability compan of the limited I:	office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in			
- / S(g)	ature of a member or authorized representative of a member		Printed or typed name of signee			
There provi: the ob- to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I cd in writing of this change.	r performance of od for in Chapto hereby confirm	is canacity. I further agree to comply with the			
Suma	ure of Registered Agent - Assistant S	есгетагу				