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Division of Corporations

(850)617-6383 Fax Number

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone

: (307)200-2803

Fax Number

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M. SOLOMON APR 17 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

I. N	fame of the limited liability company:	TING SOLUTIONS	5 L.L.C.
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/09/24		168210
3.	Date of filing/registration in Florida	- _{4.}	Document number
5. (a) (b)	LEEDWICH JORDAN		
	Registered Agent and Registered Office shown on the records of		
	11225 ESTIA DRIVE	,	
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	2024
	APT. 122		
	BRADENTON . FL	34211	<u> </u>
	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered	Office address:	 න න
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
the ch agent was/w	limited liability company is not organized under the law ange 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 of ability company of the limited lia climited liability	office and the business office of the registered t, it is hereby confirmed that the change(s) bility company or as otherwise provided in
	NW Service	Nat Smith	
_	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	by accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address. It is in writing of this change.	ree to act in this performance of d for in Chapter herchy confirm	eapacity. I further agree to comply with the finy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
- /12	Taylor Newman - Assistant Se	ecretary	

Signature of Registered Agent