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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations						
SUBJECT: DEVLABS LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
ARtem Babakov Name of Person						
DEVLABS LLC Firm/Company						
13729 Fanshowe Road Address						
Jacksonville FL 32224 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Artem Babakov a1 904, 5041041						
Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clother Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
S25 Filing Fee S55 Filing Fee & Certified Copy						

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	ime of the limited liability company: DEVLABS	LLC_		_	
2 (a)	7901 4th St N STE 300	(h)			
2. (a)	Principal office address of limited liability company:	(p)	Mailing address	of limited liability	company;
	(Note: MUST BE STREET ADDRESS)		(Note: MAY I	<u>BE POST OFFIC</u>	E BOX)
	St. Petersburg, FL				
	33702		<u>.</u>		
	04/29/24	L24	1000199	308	
3.	Date of filing/registration in Florida 4.		Document no	umber	
5. (a)	SUNSHINE CORPORATE FILINGS LL	C			
J. (a)	Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of St	ate:		
	7901 4th ST N STE 300				
	Registered Office Address (MUST BE FLORIDA STREET ADDR	ESS)			
	ST. PETERSBURG FI 3	2700	= _	20	
	ST. PETERSBURG FL 3	3702	_	24 H 影	
(b)	Registered Agents Inc			2024 HAY 23	1 }
(0)	Enter name of NEW Registered Agent and/or NEW Registered Offic	e address:			
				S7.5.	LLI
	7901 4th ST N STE 300		<u> </u>	3: 5	
	NEW Registered Office Address:			-ATT	
			<u></u>		
	ST. Petersburg ,FL	32701			
	J. T. T. C. C. C. S. D. C. T. D. C. T. D. C. C. C. C. S. D. C. T. D. C. C. C. C. S. D. C. T. D. C. C. C. C. S. D. C. T. D. C. C. C. C. S. D. C. T. D. C. C. C. C. S. D. C. T. D. C. C. C. C. S. D. C. T. D. C. C. C. C. S. D. C. T. D. C. C. C. C. S. D. C. T. D. C. C. C. C. C. S. D. C. D. C.	~ <u>~ ~ ~ ~</u>	<u>~</u>		
	imited liability company is not organized under the laws of inge or changes are made, the Florida street address of the r				
agent v	vill be identical. Or, in the case of a Florida limited liabilit	y company, it	is hereby conf	irmed that the	change(s)
	ere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit	ed liability co	impany.		orovided in
		ÁRI	em Bab Printed or type	allov	
Signa	ture of a member authorized representative of a member		Printed or type	ed name of signee	·
I here provisi the obl to mer	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete perfo igations of my position as registered agent as provided for ely reflect a change in the registered office address, I heref	act in this ca ormance of m in Chapter 60 ov confirm tha	pacity. I furth y duties, and I o 95, F.S. Or, if o u the limited lid	er agree to con am familiar wi this document t ability compan	iply with the th and accept is being filed v has been

Signature of Registered Agent

natified in writing of this change.