## Florida Department of S

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To:

Division of Corporations

Fax Number : (850)617-6383

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 MASIHIMATCH, LLC

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K. Brumbley

8/16/2024 T0:56:35 PDT To 18506176383 Page: 2/2 Fax 8134365206

## 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.	asihiMatch, LLC ——————————	
2. (a)	Principal office address of limited habili ( <u>Note: MUST BE STREET</u> ADD	ity company;	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
2	05/13/24		L24000223028
3.	Date of filing/registration in Fl	lorīda 4,	Document number
5. (a	da Dept. of State		
	Registered Office Address (MUST BE FLO. 7744 SHELTER WOOD CT	RIDA STREET ADDRES	<u></u>
	JACKSONVILLE	FL_32256	
(h)	Registered Agents Inc  Enter name of <u>NEW Registered Agent</u> and or <u>New Registered Agent</u> and <u>New Registered Agent a</u>	SEW Registered Office a	2024 AUG 16 PM 12:
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	FL	
the cha agent ' was/w the art	ange or changes are made, the Florida str will be identical. Or, in the case of a Flor ere authorized by an affirmative vote of i icles of organization or the operating agr	ect address of the reg rida limited liability c the members of the lin ecment of the limited	e State of Florida, it is hereby confirmed that after estered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in Hiability company.  bin Jones
Signa	ture of a member or authorized representative of a	i member	Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered .	agent and agree to ac	ct in this capacity. I further agree to comply with the nance of my duties, and I om familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been