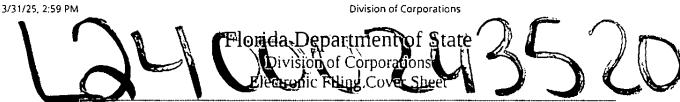
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE **HYPEU AGENCY LLC**

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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.

1. N	ame of the limited liability company: HYPEU AGENCY	LLC		
2. (a)		(b)		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	Ma	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	05/28/24	 I	24000243520)
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number
5. (a)	NORTHWEST REGISTERED AGENT LLC			
J. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:	
	7901 4TH ST N			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)		
	STE 300			
	ST. PETERSBURG , FL			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	Office add	ress:	20.75 MAR ?
	NEW Registered Office Address:			. 70
	STE 300			, m
	St. Petersburg . FI.			80 is 2. C
the cha agent v was/wa	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liaere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registability con f the limi limited li	ered office an pany, it is l ted liability	ida, it is hereby confirmed that after and the business office of the registered acreby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete pligations of my position as registered agent as provided elv reflect a change in the registered office address, I have the property of this change.	performa I för in C iereby co	in this capac nce of my di hapter 605, i nfirm that th	city. I further agree to comply with the ities, and I am familiar with and accep. F.S. Or, if this document is being filed e limited liability company has been
	David Roberts - Assistant Se	cietaly		