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Florida Department of State

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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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE PRESTIGE HORIZON VENTURES 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.

?. (a)		(b)		
(10)	Principal office address of limited hability compo (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited (Note: MAY BE POS)	
	08/06/24	<u>L</u>	24000345288	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	MASIA, DAVIDE			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	3405 SE 17TH PLACE			
	Registered Office Address (MUST BE FLORIDA ST	TREET ADDRESS)		
	CAPE CORAL	_{. FL} 33904		2024
(b)	Registered Agents Inc		:	2074 AGS (
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Re</u>	gistered Office addre	<u>188</u> [28
	7901 4th St N			2
	NEW Registered Office Address:			2: 5
	STE 300			
	St. Petersburg	_{. FL} 33702		

It the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member of authorized/representative of a member

Robin Jones Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filled to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent