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Division of Corporations

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From:

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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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1/30/2025 06.56 08.PCT 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 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	ame of the limited liability company:		
2. (a)		(b)	
1. (4,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		901 4th St N STE 300
	St. Petersburg FL 33702		St. Petersburg FL 33702
	08/26/24	L2	4000374771
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DIAZ. ETHAN		
J. (47	Registered Agent and Registered Office shown on the records of		
	Registered Office Address (MUST BE FLORIDA STREET		
	1803 S BUMBY AVE		
	ORLANDO FI	32806	
(b)	Registered Agents Inc		TECHNOST TOSM
(/	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	رسیه عربی این :
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FI	33702	
the charagent was/we the art Signa	imited liability company is not organized under the lainge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icks of organization or the operating agreement of the discount of authorized representative of a member by accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I	f the registe lability com of the limited lial Robin 3	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in polity company. Hones Printed or typed name of signee

Signature of Registered Agent

David Roberts

· Assistant Secretary