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(Document Number)					
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## COVERLETTER

TO: Registration Section Division of Corporations					
SUBJECT: AIMAN 360, LLC					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registere	d Office Change and	d fee(s) are submitted for filing.			
Please return all correspondence concern	ing this matter to the	e following:			
MAX GRANADOS					
Name of Person		<del></del>			
AIMAX 360, LLC					
Firm/Company	***************************************	····			
1317 Edgewater Dr #1062					
Address		<del></del>			
Orlando, FL 32804					
City/State and Zip C	ode	<u> </u>			
aimax360solutions@protonmail.com					
E-mail address: (to be used for futur	e annual report notif	fication)			
For further information concerning this m	atter, please call:				
MAX GRANADOS	.561 at (	4807524			
Name of Person		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303			
Enclosed is a check for the folio	wing amount:				
■ \$25 Filing Fee	<b>a</b> s	55 Filing Fee & Certified Copy			
INHS18 (2/14)					

## 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.	Name of the limited liability company: AIMAX 360, LL	C .		
2. (a	MAY OD ANALYSE	MAX GRANADOS		
·	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX)	
	1317 Edgewater Dr #1062	1317 Ed	gewater Dr #1062	
	Orlando, F1. 32804	Orlando.	FL 32804	
	9/16/2024	L2400040	2456	
3.	Date of filing/registration in Florida	4.	Document number	
5. (	1)			
	Registered Agent and Registered Office shown on the records of MAX GRANADOS	the Florida Dept. of Si	ate:	
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)	<del></del>	
	14161 LORD BARCLAY DR	•		
	ORLANDO	32837	_ ; 2	
(Ъ	Cal airtie C		2024 COTTO AG 8: 28	
	1217 Oddanalar IS		i ASSE	
	NEW Registered Office Address:		- E. T. S.	
	Urando	32804	_	
agent was/v	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lievere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered office a ability company, it of the limited liabil	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.	
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the or to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I had a writing of this change.	ree to act in this ca performance of my d for in Chapter 6th hereby confirm tha	pacity. I further agree to comply with the cluties and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Signo	hur of Registered Agent			