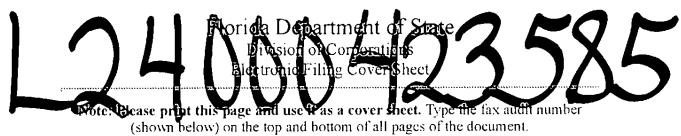
Division of Corporations



(((H24000348150 3)))



H240003481503ABC

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	To:		
		Division of Corporations	=
		Fax Number : (850)617-6383	90 C
	From:		(1115)
		Account Name : INCORP SERVICES INC	
٠,	Ś	Account Number : I20120000007	
5	11 <u>0</u> 0	Phone : (702)866-2500	r:
⇔ .	- 连辈	Fax Number : (702)900-2290	
-			
		the email address for this business entity to be used for	
(C)	📑 🥞 ann	ual report mailings. Enter only one email address please.	**
)	. ::	documents@incorp.com	
' _	- ≁: 🖂 Ema	il Address:	

LLC REGISTERED AGENT CHANGE BIOMETRICA GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

M. SOLOMON

OCT 18 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO;	Registration Section Division of Corporations	
SUBJ	rcr.	Biometrica Group LLC
3013		me of Limited Liability Company
Dear S	Sir or Madam:	
The er	iclosed Registered Agent/Registered Of	ffice Change and fee(s) are submitted for filling.
Please	return all correspondence concerning t	his matter to the following:
	Wendy Hefley	
	Name of Person	
	InCorp Services, Inc.	2
	Firm/Company	24 O
	9107 West Russell Road Suit	te 100
<u></u>	Address	TANGER OF THE STATE OF THE STAT
	Las Vegas, NV 89148-12	\$E 00 to 100 to 100 as
	City/State and Zip Code	
	documents@incorp.com	
	-mail address: (to be used for future an	nual report notification)
For fu	rther information concerning this matter	r, please call:
Incor	Services, Inc./Wendy Hefley	800-246-2677
	Name of Person	at 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 followin	g amount:
	S25 Filing Fee	☐ \$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.

. Na	ame of the limited liability company: Biometrica Gr	roup LLC
(a)	5601 Corporate Way, Ste 106	(b) 5601 Corporate Way, Ste 106
(4)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX)
	West Palm Beach, FL 33407	West Palm Beach, FL 33407
	10/01/2024	L24000423585
	Date of filing/registration in Florida	4. Document number
(a)	Mayer, Christian S	
(3)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State
	13364 Bernoulli Way	
	Registered Office Address (MUST BE FLORIDA STREET	**************************************
	Palm Beach Gardens F	T. 33418 S. 20
(b)	InCorp Services, Inc.	2024 OCT 18 See Office address HA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	
	3458 Lakeshore Drive	(AC) 10 11 11 11 11 11 11 11 11 11 11 11 11
	<u>NEW</u> Registered Office Address	3: 01 E.FL
	TallahasseeF	132312
e cha ent v is/we e arti	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I	
_(1 MAIN	Christian Mayer
Sigi l a	ture on a stember or authorized reflectatative of a member	Printed or typed name of signee
ovisi Lobl mere	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid ely reflect a change in the registered office address, l dign writing of this change.	gree to act in this capacity. I further agree to comply with e performance of my duties, and I am familiar with and ac led for in Chapter 605, F.S. Or, if this accument is being f I hereby confirm that the limited liability company has bee
٠, ,		n on behalf of InCorp Services, Inc.

Signature of Registered Agent