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

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 MYKURE IV LLC

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Aug 01, 2025 06:51 • To: +18506176383 Page; 2/2 Fax 18134365206

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)	
(***	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		.\	tailing address of limited hability company: (Nate: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4th St	N STE 300
	St. Petersburg FL 33702		St. Petersbi	urg FL 33702
	07/22/2025		L2500033616	55
	Date of filing/registration in Florida	4.		Document number
. (a)	UNITED STATES CORPORATION AGENTS, INC.			
. (4)	Registered Agent and Registered Office shown on the records of	the Floric	a Dept. of State	
	476 RIVERSIDE AVE.			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>s)</u>	
	JACKSONVILLE FL	32202		2
				2025 AUG
(b)	Registered Agents Inc	<u>-</u>		
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	<u>idress</u> :	二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十
	7901 4th St N			AH II: 1:3
	NEW Registered Office Address:			
	STE 300			- L
	St. Petersburg	33702		
ie cha gent w ras/wc	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ability o f the lir	istered office ompany, it is nited liability	and the business office of the registere hereby confirmed that the change(s) company or as otherwise provided in
	Rule are June age		in Jones	•
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
herel	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h	ree to ac perforn	t in this capa	city. I further agree to comply with the luties, and I am familiar with and accep