## M04000004115

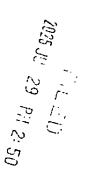
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e: #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	J. 4	00.
	301 31	"VE
	JUL 30	2025
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Office Use Only



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5025 JUL 29 AM II: 14



CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 07/29/25 Order #: 4258956-4

Re: Research Horizons LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## 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:  RESEARCH F	HORIZONS, L	LLC		
2. (a)	3532 Hayden Ave. Suite 100	(b) 3	(h) 3532 Hayden Ave, Suite 100		
<b>-</b> . (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Culver City, CA 90232		Culver City, CA 90232		
	10/29/2004	 M(	M04000004745		
3.	Date of filing/registration in Florida	<u> </u>	Document number		
5. (a)	INCORP SERVICES, INC.				
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida De	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE) 3458 LAKESHORE DRIVE	T ADDRESS)			
	TALLAHASSEE	FL_32312	2025		
	TALLAHAGGEE	r.L			
(b)					
` .	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	ress:		
	Corporation Service Company				
	NEW Registered Office Address:		: 50 : 50		
	1201 Hays Street				
	Tallahassee, I	FL_32301			
change agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registered of liability comp s of the limited ne limited liab	l office and the business office of the registered many, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
	Paul Forgue nure of a member or authorized representative of a member	-aui re	Printed or typed name of signee		
I here provis the ob- to mer	thy accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provia ely reflect a change in the registered office address, d in writing of this change.	gree to act in te performanc led for in Cha I hereby confi	n this canacity. I further agree to comply with t	he ept ed	
	Grace E. Kirby				
Signati	ire of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)