(Requestor's Name)							
(Address)							
(Address)							
(Nones)							
(C.) (C.) (T.) (D) (D)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
<u> </u>							
Special Instructions to Filing Officer.							

Office Use Only



800440538198 Jalillo Millio Mi



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 883945 7458513							
AUTHORIZATION :							
AUTHORIZATION : CARROLL COST LIMIT : \$ 25.0							
ORDER DATE : January 8, 2025							
ORDER TIME : 2:13 PM							
ORDER NO. : 883945-100							
CUSTOMER NO: 7458513							
CHANGE OF AGENT							
NAME: DIGITAL 89TH PLACE, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Shauna Godbolt							

EXAMINER'S INITIALS: _____

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: DIGITAL 89TH	PLACE	Ε, ι	LC			
2	(a)	5707 SW PKWY BLDG 1, STE 275		(h	5707 SV	5707 SW PKWY BLDG 1, STE 275		
٠.	(4)	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)		
		AUSTIN, TX 78735			AUSTIN	, TX 78735		
		08/29/2006			M0600000	04763		
3.		Date of filing/registration in Florida	4.	•		Document number		
5.	(a)					<u> </u>		
		Registered Agent and Registered Office shown on the records of NRAI SERVICES, INC.	the Flor	rida	Dept. of Sta	nte:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
		1200 SOUTH ISLAND RD.				2.07		
		PLANTATION FI	3332	4		TALLAHASSEE, FL		
						7 6		
	(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>			ffice address:		- Passa A		
					Ho 10			
		Corporation Service Company						
		NEW Registered Office Address:						
		1201 Hays Street				_		
		Tallahassee . FI	3230	1				
ch: age wa	ange ent v s/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	regist ability of the l	ere coi imi	d office ar mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
		/S/ JEANNIE LEE	J	EΑ	NNIE LEE	, AUTHORIZED PERSON		
•	ignal	ture of a member or authorized representative of a member				Printed or typed name of signee		
pro the to	ovisi Pobl merc	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to c perfor d for it hereby	act ma n C · co	in this cap mee of my hapter 60 nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
Si	inata T	mare C. Kubi GRACE E. KIRBY, AS:	ST. VI	CE	PRESIDI	ENT		