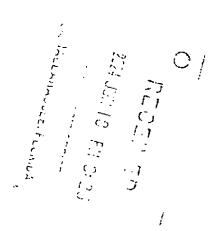
## M140000000313

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
J. HORNE JUN 19 2024					

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2024 JST 18 75110:3:

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 497426 7902776
AUTHORIZATION:
COST LIMIT : \$ 25.00
ORDER DATE : June 13, 2024
ORDER TIME : 10:34 AM
ORDER NO. : 497426-004
CUSTOMER NO: 7902776
CHANGE OF AGENT
NAME: 2 DODA - LLG
NAME: 3FORM, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
CC 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.

(a)	55 West 46th Street, 27th Floor	(b)	55 West 46th Street, 27th Floor
<b>\</b> ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	()	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	New York, NY 10036		New York, NY 10036
	01/10/2014	N	114000000313
	Date of filing/registration in Florida	4.	Document number
. (a)	Registered Agent and Registered Office shown on the records of CORPORATE CREATIONS NETWORK INC.	f the Florida f	Dept. of State:
	Registered Office Address	ADDRESS)	
	NORTH PALM BEACH	1	2024 JUH 18 6710: 0
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	<u>d Office addr</u>	en:
	Corporation Service Company		A CONTRACTOR OF THE CONTRACTOR
	NEW Registered Office Address:		 ල දු
	1201 Hays Street		
	Tallahassee FI	l	
inge nt w s/wei	mited liability company is not organized under the la or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members of thes of organization or the operating agreement of the	registered ability com of the limit	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	1 2 2		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

GRACE E. KIRBY, ASST. VICE PRESIDENT

Signature of Registered Agent