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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future ాడ్డ్ annual report mailings. Enter only one email address please.\*\*

‰⊊mail Address:\_

## LLC REGISTERED AGENT CHANGE SPIRE PROFESSIONAL SERVICES LLC

| Certificate of Status | 0       |
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Fax: 8134365206 12/26/2024 12 23 45 PST , To: 18506176383 Page: 2/2

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of

|       | Principal office address of limited liability company:                                   |                   | Mailing address of limited hability of     |          |
|-------|--|-------------------|--|----------|
|       | ( <u>Note: MUST BE STREET ADDRESS</u> )  |                   | ( <u>Note: MAY BE POST OFFICE</u>          |          |
|       | 5000 Thayer Center STE C   |                   | 2359 Perimeter Pointe Pkwy, STE 650        |          |
|       | Oakland MD 21550   |                   | Charlotte NC 28208                         |          |
|       | 05/21/15   |                   | M15000004135                               |          |
|       | Date of filing/registration in Florida   | 4.                | Document number                            |          |
| (a)   | WIGGINS, CHARLES T   |                   |  |          |
|       | Registered Agent and Registered Office shown on the record                               | s of the Florida  | Dept. of State                             |          |
|       |  | =                 |  |          |
| (b)   | Registered Office Address (MUST BE FLORIDA STRE  | <u>ej address</u> |  |          |
|       | 501 COMMENDENCIA STREET  | <del> </del>      |  |          |
|       | PENSACOLA  | FT 32502          | ( <del>)</del>                             | i        |
|       |  |                   |  |          |
|       | Northwest Registered Agent LLC  Enter name of NEW Registered Agent and/or NEW Registered | 1.416             | fress:                                     |          |
|       | Enter name of <u>NEW Registered Agent</u> and of <u>NEW Registe</u>                      | erea Onnce aoc    | · (3)                                      |          |
|       | 7901 4th St N  |                   | . (3)                                      |          |
|       | NEW Registered Office Address:   |                   |  |          |
|       | STE 300  |                   | · · · · · · · · · · · · · · · · · · ·      |          |
|       | St. Petersburg   | 33702<br>FL       |  |          |
|       |  |                   |  |          |
| us li | imited liability company is not organized under the                                      | claws of the      | State of Florida, it is hereby confirmed t | hai aite |

Signature of a member or authorized representative of a member Printed or typed name of signee

Thereby 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.

Taylor Newman - Assistant Secretary

Signature of Registered Agent