(shown below) on the top and bottom of all pages of the document.

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From:

Account Name : C T CORPORATION SYSTEM

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 $\overset{**}{\wp}$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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REGISTERED AGENT CHANGE CPA GLOBAL (IPAN) LLC

Certificate of Status	0
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Requesting the original filing date of 5.10.24. Thank you.

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Help

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. N	ame of the limited liability company: CPA Global (IPA	N) LLC	LLC			
2. (a)	3133 W. FRYE ROAD		(b) 3133 W. FRYE ROAD			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	<u></u>	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)		
	CHANDLER, AZ 85226		CHANDLER, AZ 85226			
	05/24/2016		м160000	004129		
3.	Date of filing/registration in Florida	- 4.		Document number		
5. (a)	Corporation Service Company					
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept, of S	state:		
	1201 Hays Street					
	Registered Office Address (MUST BE FLORIDA STREET)	<u>—</u>				
	Tallahassee	32301				
	,	' 				
(b)	C T Corporation System	20 H				
(-)	Enter name of NEW Registered Agent and/or NEW Registered	一一一				
				EILED 2024 HAY & AH 10: 43 SECTORY OF STATE		
	NEW D. C. A. LOSE ALL					
	NEW Registered Office Address: 1200 South Pine Island Road			is is		
	1200 Sodin Fine Island Road		-	AMID: 43		
	Plantation	33324				
	, FL	(<u></u>				
lf the l	imited liability company is not organized under the lay	vs of th	e State of	Florida, it is hereby confirmed that after		
the cha	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited list	f the reg ability o	istered of	fice and the business office of the registered it is hereby confirmed that the change(s)		
was/w	ere authorized by an affirmative vote of the members of	of the li	mited liab	ility company or as otherwise provided in		
ine ari	icles of organization or the operating agreement of the /S/MARTIN REEVES		•	ompany. EVES, SECRETARY		
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
provis the obt to mer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I id in writing of this change. C. T. Corporation System	ree to ac perfori ed for in hereby c	et in this e mance of n Chapter (confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed at the limited liability company has been		
	ne of Registered Agent MICHELE HOLDEN, ASSISTANT SECRETARY					