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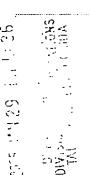
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Account Name : REGISTERED AGENTS INC.

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

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## LLC REGISTERED AGENT CHANGE CONNECTED TECH, LLC

Certificate of Status	0
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1/29/2025 13 28.55 PST . To: 18506176383 Page: 2/2 Fax: 8134365206

## 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. 1	Name of the limited liability company: Connected Techn	nologies LLC				
2. (a	)	(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)			
	06/08/2016	M	16000004628			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	CT CORPORATION SYSTEM					
	Registered Agent and Registered Office shown on the records of	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1200 SOUTH PINE ISLAND ROAD	<b>2</b>				
	Registered Office Address (MUST BE FLORIDA STREET)	FILE 29 2025 JAN 29				
	PLANTATION, FI	33324	• • • • • • • • • • • • • • • • • • • •			
(b)	Northwest Registered Agent LLC					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u> </u>				
	7901 4th St N		<del></del>			
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg FL	<b>_33702</b>				
chang agent was/v the ar	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited havere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registered of ability comp of the limite limited liab	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.			
٥.	ature of a member or authorized representative of a member	Nat Sm				
l her provi. the ol to me	nture of a member or authorized representative of a member  eby accept the appointment as registered agent and agr  sions of all statutes relative to the proper and complete  bligations of my position as registered agent as provide  rely reflect a change in the registered office address, I l  ed in wriging of this change.	ree to act in performanc d for in Cha hereby confi	Printed or typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been			
	Taylor Verson					
Signal	ure of Registered Agent					