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Division of Corporations

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Account Number : FCA020000023 Phone : (614)280-3338

Fax Number : (614)573-3996

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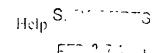
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## LLC REGISTERED AGENT CHANGE PRIMETIME RESEARCH, LLC

Certificate of Status	0
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Page Count	02
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To:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\P$

2024-02-26 11 46:09 PST

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 Florida.

	Ashland Street  Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b)	
			Mailing address of lamited liability company (Note: MAYBE POST OFFICE BOX)
		Sun	e 900
<u>M</u>	anchester, NH 03104	Hou	iston, TX 77079
05:	23/2018	M180	000004993
3. 5. (a) <u>C</u> C	Date of filing/registration in Florida DRPORATION SERVICE COMPANY	4.	Document number
Reg	istered Agent and Registered Office shown on the records of HAYS STREET	f the Florida Dept.	of State.
Rep	gistered Office Address	'ADDRESS)	2024 F SECK TAL
TA	NLLAHASSEE , F	L_32301-2525	2024 FEB 26 SECKLISH ANSITALL AHAS
ст (b)	Corporation System		·
	er name of NEW Registered Agent and/or NEW Registere	d Office address	AMII: 59 SEE, FL
NE.	W Registered Office Address:		<del></del>
	00 South Pine Island Road		
Pła	intation Fi	L_33324	
he change igent will b vas/were a he articles	ed liability company is not organized under the la or changes are made, the Florida street address o be identical. Or, in the case of a Florida limited li- uthorized by an affirmative vote of the members of organization or the operating agreement of the	of the registered in the interest in the interest of the innited in the innited innited innited in the innited inni	office and the business office of the registered y, it is hereby confirmed that the change(s) lability company or as otherwise provided in y company.
•	d a member or authorized representative of a member		Printed or typed name of signee
provisions ( he obligati o merely re potified in v	ecept the appointment as registered agent and ag of all statutes relative to the proper and complete ions of my position as registered agent as provide effect a change in the registered office address. I writing of this change.	e performance a ed for in Chapta hereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed i that the limited liability company has been
ıy:	T Corporation System  Registered Agent SEAN L. EMERICK ASSISTANT SECRE I.		