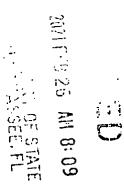
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

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Account#: 120000000088

| Date:      | 02/26/2021                      |                           |
|------------|---------------------------------|---------------------------|
| Name:      | Chris Vick                      | - <del></del> -           |
|            | #:1328774                       | <del></del>               |
|            |                                 | 218RPW, LLC               |
| ☐ Artio    | cles of Incorporation/Authoriza | tion to Transact Business |
|            | endment                         |                           |
| _          | inge of Agent<br>nstatement     | •                         |
| ☐ Cor      | version                         |                           |
| ☐ Mer      | ger                             |                           |
| ☐ Diss     | solution/Withdrawal             |                           |
| ☐ Fict     | itious Name                     |                           |
| Oth        | er                              |                           |
| Authorized | 1 January                       |                           |

F: 800.944,6607

F: +852.2682.9790

## 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.

|                              | e limited liability company:2101                                                     | RPW, LLC         |                                                                             |
|------------------------------|--------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------|
| )                            | rincipal office address of limited liability cor<br>(Nate: MUST BE STREET ADDRESS    | mpany:           | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) |
| No Ch                        | nange                                                                                | N-               | o Change                                                                    |
| Januai                       | ry 25, 2019                                                                          |                  | M1900000915                                                                 |
|                              | Date of filing/registration in Florida                                               | a 4.             | Document number                                                             |
| a) UNITE                     | ED STATES CORPORATION .                                                              | AGENTS, INC.     |                                                                             |
| Registere                    | ed Office Address (MUST BE FLORIDA                                                   | STREET ADDRESS)  |                                                                             |
| 5575                         | <del> </del>                                                                         | •                |                                                                             |
|                              | S. SEMORAN BLVD., SUITE                                                              | 36               | 202                                                                         |
| ORLA                         | S. SEMORAN BLVD., SUITE                                                              | 36               | 2021 FEB 2                                                                  |
| ORLA ORLA COGE Enter nat     | S. SEMORAN BLVD., SUITE                                                              | 36<br>. FL 32822 | 26                                                                          |
| ORLA  COGE  Enter nar  115 N | S. SEMORAN BLVD., SUITE ANDO  NCY GLOBAL INC.  nc of NEW Registered Agent and/or NEW | 36<br>. FL 32822 | 26 A                                                                        |

f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ne change or changes are made, the Florida street address of the registered office and the business office of the registered gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ras/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ne articles of organization or the operating agreement of the limited liability company.

## 'S/ Danielle Simmons

Danielle Simmons

Signature of a member or authorized representative of a member

Printed or typed name of signee

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

S/ Tim Mayville

ignature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00