M20000004185

(Requestor's Name)					
(Address)					
,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Dusiness Entity Name)					
(Business Entity Name)					
(Document Number)					
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2024 FEB 20 AM IO: 34

2021 FEB 20 PH 3: 22

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. :	I2000000	195				
REFERENC	E :	312765	7482226				
AUTHORIZATIO	N :	Lovels.	Olimba)				
COST LIMI	Т :	\$ 35.00	25.00				
ORDER DATE : February 9, 20	24						
ORDER TIME : 10:45 AM							
ORDER NO. : 312765-024							
CUSTOMER NO: 7482226							
							
CHANGE OF AGENT							
NAME: MOSAIC AG INNOVATION SOLUTIONS, LLC							
SOLOTIONS,	DDC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
AA THAIR STARTED COFT							
CONTACT PERSON: Shauna Godb	olt						
	EXAMII	NER'S INIT	IALS:				

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. Na	ame of the limited liability company: MOSAIC A	G INNOVATION	SOLUTIONS, LLC			
2. (a)	101 East Kennedy Boulevard, Suite 2500					
2. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	;;		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Tampa, FL 33602					
	05/01/2020	M2	0000004185			
3.	Date of filing/registration in Florida	4.	Document nu	ımber		
5. (a)	C T Corporation System					
J. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida De	pt. of State:			
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)		2024 FEB		
	Plantation	.FL 33324		FEB 20		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent and NEW Registered Agent	tered Office addres	<u></u>	FILED AFEB 20 AM IO: 34 ELAHASSEE. FLORIDA		
	NEW Registered Office Address:		_ 	Þ		
	1201 Hays Street					
	Tallahassee	, FL				
change agent w was/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	e laws of the Sta f the registered o ed liability compa ers of the limited the limited liabi	ffice and the business my, it is hereby confir liability company or a	office of the registered rmed that the change(s)		
Signat	urg of a number or authorized representative of a member	- Jiii Ciiiii	Printed or typed	name of signee		
. -	y accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as proving reflect a change in the registered office address in writing of this change.	tete performance vided for in Chap s, I hereby confit	1. 1.7 .1	agree to comply with the maniliar with and accept is document is being filed bility company has been		
Signatur	e of Registered Agent	·	sper, Asst. Vice P	•		