## M20000006807

(Requestor's Name)
(Address)
- (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195										
REFERENCE : 508962 8450716										
AUTHORIZATION : Line Bless										
COST LIMIT : \$25.00										
ORDER DATE : June 21, 2024										
ORDER TIME : 11:47 AM										
ORDER NO. : 508962-009										
CUSTOMER NO: 8450716										
CHANGE OF AGENT										
NAME: POWERCOIN, LLC										
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY XX PLAIN STAMPED COPY										
CONTACT PERSON: Amanda Miller  EXAMINER'S INITIALS:										

## 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	ume of the limited liability company: POWERCOIN, L	LC					
2. (	a)	101 N QUEEN ST, STE 302	a	(b) 415 NORTH PRINCE STREET, SUITE 202				
(	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		٠,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			•
		LANCASTER, PA 17603	_		LANCASTER, PA 17	7603	<del>_</del>	
		08/06/2020	<del></del>		M20000006807			
3.		Date of filing/registration in Florida	4.		Document	number		
5. (	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  URS AGENTS LLC  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		3458 Lakeshore Drive				ΪΑ̈́	20	
		Tallahassee FL	32312			TÄLLAHÄSSI	2024 JUN 21	-17
(	b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:  Corporation Service Company				SSEE, FLORIDA	21 AM 9:5	
		NEW Registered Office Address:				Ď	~	
		1201 Hays Street						
		Tallahassee, FL_	32301					
char ager was/	ige it w /we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registero bility co I the lim	ed m iit	office and the busine pany, it is hereby con ed liability company	ess office of the strain of the confirmed that the	ne regi: ne chai	stered nge(s)
/S/ N	ЯIС	HAEL C. FASANELLO	MIC	ЭН	IAEL C. FASANELLO	- AUTHORIZ	ED P	ERSON
		ture of a member or authorized representative of a member			•	ped name of sign		
prov the c to m	isio bli ere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as providea by reflect a change in the registered office address. I h I in writing of this change.	ee to act performa I for in C eereby co	ir an Ch On	n this capacity. I furt ace of my duties, and l apter 605, F.S. Or, i firm that the limited l	her agree to c I am familiar f this documen liability compo	omply with a nt is be any ha	with the nd accept ging filed s been
C:	Ϊ,		Y, ASS	Τ.	. VICE PRESIDENT			
្សាទីនេ	anur	re of Registered Agent						