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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C I CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC REGISTERED AGENT CHANGE PERFORM[CB], LLC

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To: Page, 3 of 3 2024-03-14 11:01:32 PDT 19548277645 From Kaity Toon

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.

| l. Na | me of the limited liability company: PERFORM[CB], L | rc. | | |
|---|---|---|--|---------------------------------|
| 2. (a) | 2389 E Venice Ave #410, Venice, FL 34292 | (b) 2389 E Venice Ave #410, Venice, FL 34292 | | ce, FL 34292 |
| (, | Principal office address of limited liability company. (Note: MUST BE STREET (DDRESS) | Mailing address of limited hability company. (Note: MAY BE, POST OFFICE BOX) | | bility company. |
| 3 . | 11/30/2020 Date of filing/registration in Florida | <u>M</u> | 20000011102 Document number | |
| 5 (a) | | | | |
| | Registered Agent and Registered Office shown on the records of th CORPORATE CREATIONS NETWORK, INC | e Florida Dept. | | 20 |
| | Registered Office Address (MUST BE FLORID A STREET AL 801 US HWY | DDRESS) | TALLATASSEL | 2024 MAR 14 AM 9: 3 |
| | INORTH PALM BEACH , FL. | 33408 | | <u>-</u> |
| (b) | C T Corporation System | | | AH 9 |
| (0) | Enter name of <u>NEW Registered Agent</u> und/or <u>NEW Registered C</u> | Office address | <u></u> | <u>ω</u> |
| | NEW Registered Office Address | | | |
| | 1200 South Pine Island Road | · · · · · · · · · · · · · · · · · · · | | |
| | Plantation F1.3 | 3,124 | | |
| the cha agent w was we the arti | mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited fial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li | s of the State he registered oility compan the limited li | of Florida, it is hereby confirm office and the business office y, it is hereby confirmed that ability company or as otherw | of the registered the change(s) |
| | tire of a member or authorized representative of a member | Bill Greer | Printed or typed name of sig | |
| Liverel provisi the obl to merc notified By: | ov accept the appointment as registered agent and agreen ons of all standes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. The firmwriting of this change. 1. T. Corporation System. | e to act in thi verformance of Jor in Chapta reby confirm n P McLaughli nt Secretary | s capacity. I further agree to of my duties, and I am familia or 605, F.S. Or, if this docum i that the limited liability com | .cample with the |