8/29/22, 12:14 PM

**Division of Corporations** 



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Account Name : C T CORPORATION SYSTEM

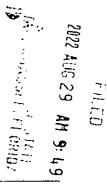
Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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## LLC REGISTERED AGENT CHANGE SAF MINERALS, LLC

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To:

## 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.

Na	me of the limited liability company:  SAF MINERALS		o Change	
(a) .	No Change  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) <u>`</u>	Mailing address of	Timited liability company: E POST OFFICE BOX)
			i.e.	
	02/16/2021	 M2	1000001869	
	Date of filing/registration in Florida	4.	Document nur	nber
(a)	FURMAN, RYAN			
	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		
	450 S ORANGE AVENUE			<b>4</b> -
	ORLANDO , FL	32801		2022
(b)	C T Corporation System			1022 #U6 29
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Officeaddres	<u>s</u> :	29 AI
				<u> </u>
	NEW Registered Office Address:			
	1200 South Pine Island Road			64 e
	Plantation	33324		
cha ent w s/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liese authorized by an affirmative vote of the members of the organization or the operating agreement of the	the register ability comp of the limited	ed office and the busin any, it is hereby confir I liability company or a	ess office of the register med that the change(s)
0	e Draf		AVI\$, MANAGER	
ignal	ture of a member or authorized representative of a member		Printed or typed	name of signee
ovisi vobl merc	by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete igutions of my position as registered agent as provide By reflect a change in the registered office address, I I in writing of this change.	ree to act in performanced for in Cha hereby confi	this capacity. I further re of my duties, and I at upter 605, F.S. Or, if th irm that the limited liab	r agree to comply with to m familiar with and accouns document is being fil bility company has been

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Signature of Registered Agent