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(City/State/Zip/Phone #)
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(Document Number)
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If there are any issues
please contact Cheyanne at
850-202-1882

Date:12/1	0/2024		
Name: Ch	neyanne Davis		
Reference #:	2555628		
Entity Name:	LEVEL CAPITAL LL	_C	
<u> </u>	ncorporation/Authorization to Transact Bu	siness	
☐ Amendmen ✓ Change of A		SECRETARY OF STATE TALLAHASSEE, FL	מחחו סיי
☐ Reinstateme	ent	.TAR) - -
☐ Conversion		Y OF SSEE	5
Merger		2: 28 STAT :. FL)
Dissolution/	Withdrawal	mi w	,
Fictitious Na	ame		
Other	·		
Authorized Amoun	t: \$35.00		
Signature:	Unyme Paine		



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

P: 866.625.0838 F: 866.625.0839

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Account#: 120000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 12/1	0/2024			
Name: C	heyanne Davis			
Reference #:	2555628			
Entity Name:	LEVE	L CAPITAL LLC		
☐ Articles of	Incorporation/Authorizati	on to Transact Business		
Amendmer	nt		SEC! TA	2024
Change of	Agent		RETA LLAA	0£C
Reinstatem	nent		AASS	_
Conversion	1		OF ST	Σ
			SECRETARY OF STATE TALLAHASSEE, FL	28
☐ Dissolution	Withdrawal			
☐ Fictitious N	ame			
Other				
Authorized Amour	nt: \$35.00			
Signature:	Orymo Paine			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company abmits the following statement in order to change its registered office or registered agent, or both, in the State of lorida.

Na	me of the limited liability company: LEVEL C	CAP	ITAL LLC			_	_
(a)			o)				
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change			No Change			
	5/10/2021			M21000005563	SEC	2024	
	Date of filing/registration in Florida	4.	I	Document number	ER RR	DEC 11	
(a)	NORTHWEST REGISTERED AGENT LLC				LAHAS	_	eme.
	Registered Agent and Registered Office shown on the records of the I	Florid	a Dept. of State:		LAHASSEE, I		1
	7901 4TH ST N, SUITE 300	_			产品	P	()
	Registered Office Address (MUST BE FLORIDA STREET ADL	ORES.	<u>2)</u>		STA1	2: 28	الر _{يدي} ة
	ST. PETERSBURG . FL 3	3370)2		117)	ω	
(b)	Cogency Global Inc.						
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u>	fice ac	ldress:				
	115 North Calhoun Street, Suite 4						
	NEW Registered Office Address:						
	Tallahassee , FL	3	32301				
e cha gent v as/we	mited liability company is not organized under the laws onge or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited.	regi lity c ne lin	stered office ompany, it is nited liability	and the business offic hereby confirmed that company or as otherw	e of the i the chai	register nge(s)	
	Brady Yeager			dy Yeager			_
herei oviși e obl mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per- igations of my position as registered agent as provided for by reflect a change in the registered office address. There I'm writing of this change.	to ac rform or in eby c	t in this cana	Printed or typed name of si city. I further agree to uties, and I am familia F.S. Or, if this docun ne limited liability con	- r comply	with the nd acce ging file is been	ie ept ed
-	/ Tim Mayville						
ignatu	re of Registered Agent						