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Division of Corporations

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LLC REGISTERED AGENT CHANGE NEXIENT, LLC

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## 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,

I. N	Name of the limited liability company: Nexient, LLC.			
2. (a	Principal office address of limited liability company:	(	(b)	Aailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		.\	(Note: MAY BE POST OFFICE BOX)
	8000 JARVIS AVE., STE. 200		8000 JARV	FIS AVE., STE. 200
	NEWARK, CA 94560		NEWARK.	CA 94560
	6/9/2021		M21000007	093
3.	Date of filing/registration in Florida	4.		Document number
5. (a	1)			
	Registered Agent and Registered Office shown on the records of TELOS LEGAL CORP.	the Flori	da Dept, of State	1 S. 222
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	155 OFFICE PLAZA DR.		FILEB	
	Taliahassee, FL	32301		and the second s
				7
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Offices	ddress:	1:39 10RVB
				•
	C T Corporation System			
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation , FE	33324		
the cl agent was/v	dimited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the organization of the lock. Vick	ws of the reg ability of of the lither the lither the second the s	e State of Flo istered office company, it is mited liability liability com	orida, it is hereby confirmed that after and the business office of the registered thereby confirmed that the change(s) y company or as otherwise provided in
Sign	nature of a member of alaborized representative of a member			Printed or typed name of signee
provi the oi to me	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide welv reflect a change in the registered office address. I ed in writing of this change.	ree to a eperfori ed for in hereby	et in this cupe mance of my o Chapter 603 confirm that i	acity. I further agree to comply with the luties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
By:	C T Corporation System			
Signa	ture of Registered Agent			