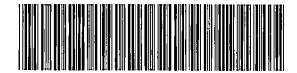
H2100009581

(Requestor's Name)						
(Address)						
(,						
(Address)						
(City/State/Zip/Phone #)						
(011), 010101.01.01.01.0						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HOI.						
Special Instructions to Filing Officer: J. HORNE NÜV 17 2022						

Office Use Only



500395057685

TALLAHASSEE, FLOW

RECEIVED

The state of the s

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO. Florida Department of State The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

FROM

Melissa Moreau mmoreau@incserv.com 850.656.7953

250			11/16/2022
-		130 F	11/16/2012
NLU	ULJI	VALL	11/10/2022

850-245-6051

PRIORITY Regular Approval

OUR REF # (Order ID#) 1085702

ORDER ENTITY

STOIC LLC

PLEASE PERFORM THE FOLLOWING SERVICES: STOIC LLC (FL)

File the attached change of agent document

NATE.	 	 	<u> </u>
NOTES:	 	 	1

\$25.00 Authorized

Email address for annual report reminders: filings@accumera.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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	une of the limited liability company:	Stoic LLC			
2. (a)	4030 WAKE FOREST ROAD	STE 349	(b)	218 Main Street	#432
(u)	Principal office address of limited li (<u>Note: MUST BE STREET</u> .		(``' -	•	ess of limited liability company: AY BE POST OFFICE BOX
	RALEIGH, NC 27609		_ <u> </u>	(irkland, WA 980	033
	07/26/2021			21000009581	
3.	Date of filing/registration in	ı Florida	4.	Documen	t number
5. (a)	REGISTERED AGENTS INC.				
(11)	Registered Agent and Registered Office sho 7901 4TH ST N STE 300	wn on the records of t	the Florida Do	ept. of State:	
	Registered Office Address (MUST BE I	<u>FLORIDA STREET A</u>	<u>(ADDRESS)</u>		
	ST PETERSBURG	FL	33702		2022 NOV SECRETA FALLAHAS
(b)	Incorporating Services, Ltd.				355.4 10.1.10 11.1
(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			<u> </u>	T9 ₹ 11
	1540 Glenway Drive				و
	NEW Registered Office Address:				25 ©
	Tallahassee	. FL	32301		
the chargent was/we the arti	imited liability company is not organinge or changes are made, the Florida vill be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating	a street address of Florida limited lia of the members of agreement of the	the registe ability com of the limite limited lial	red office and the b pany, it is hereby co ed liability company	usiness office of the registered on firmed that the change(s)
Signa	ture of a member or authorized refresentative	of a member			typed name of signee
l here provisi the obl to mere potified	by accept the appointment as register ons of all statutes relative to the pro- igations of my position as registered ly reflect a change in the registered I in writing of this change	red avent and avr	ree to act in performan d for in Ch hereby conj	this capacity. I fin	rther agree to comply with the
Y/// Signalu	Closa A Moseau re of Registered Agent				