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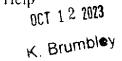
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LLC REGISTERED AGENT CHANGE SURGETRADER, LLC

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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.

1. 1	Name of the limited liability company:SURGETRA	ADER, LLC			
2. (a)	(b)			
. (,	Principal office address of limited liability company:	(*)	Mailing address of limit	ed liability company:	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POS	<u>ST OFFICE BOX</u>)	
	4851 TAMIAMI TRAIL NORTH, SUITE 200		4851 TAMIAMI TRAI	L NORTH, SUITE 200	
	NAPLES, FL 34103		NAPLES, FL 34103		_
	09/01/2021		M21000011506		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)				
(Registered Agent and Registered Office shown on the records of	f the Florida Dept. of S	State:		
	FIGARES, ALEX R, ESQ.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	**************************************	~	
	4001 TAMIAMI TRAIL N., SUITE 300		meno.	023	
	NAPLES , FI	L_34103			
				12	<u>"</u> ≥
(Ъ	Enter name of NEW Registered Agent and/or NEW Registerer	d Office address:		, ,	363
				P = 0	
	CORPORATE CREATIONS NETWORK, IAC.			1:9	
	NEW Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	
	301 US HIGHWAY 1				
	NORTH PALM BEACH	33408			
If the	limited liability company is not organized under the la- e or changes are made, the Florida street address of the	ws of the State of e registered office.	Florida, it is hereby co and the business office	infirmed that after the of the registered	ic
agent	will be identical. Or, in the case of a Florida limited li	ability company, i	t is hereby confirmed t	that the change(s)	
the ar	vere authorized by an affirmative vote of the members of the operating agreement of the	limited liability c	omnany	<u>-</u>	
,	ature of a member or authorized representative of a member	Jana Seam	an, Managing Memb	per	
Sign	ature of a member or authorized representative of a member		Printed or typed name	of signee	_
	by accept the appointment as registered agent and agi sions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I t ed in writing of this change.				e Ot H
notific	ed in writing of this change. aitlin Lazarus Caitlin Lazarus Soo	icial Secretary			
Signat	aitlin Lazarus Caitlin Lazarus, Spe	cial Secretaly			