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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Email Address:

LLC REGISTERED AGENT CHANGE HYPED HOLDINGS LLC

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

To: 18506176383

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. Na	ame of the limited liability company.	C		
2. (a)		(b)	
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		-		
	09/03/2021		M2100001	17 15
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	INCORP SERVICES, INC.			
,	Registered Agent and Registered Office shown on the records of th			
	3458 LAKESHORE DRIVE			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2024FEB
(b)	TALLAHASSEE	32312		EB -2 AH 9:
	Northwest Registered Agent LLC		ASSE A	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	<u>dress</u> :	
	7901 4th St N			PE 05
	NEW Registered Office Address			
	STE 300			_
	St. Petersburg FL_	33702		_
the cha agent v was/w	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he regi: pility co the lim	stered offic impany, it nited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ture of a member or authorized representative of a member		Smith	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provis. the ob to mer	hy accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I he d in writing of this change.	erform	ance of mi	duties, and I am familiar with and accept

Signature of Registered Agent

- Assistant Secretary

Taylor Newman