| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
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| Special Instructions to Filing Officer: |
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CORPORATION SERVICE COMPANY 1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

|               | ACCOUNT NO.        | :         | I2000000     | 0195    |
|---------------|--------------------|-----------|--------------|---------|
|               | REFERENCE          | :         | 812866       | 8375431 |
|               | AUTHORIZATION      | :         |              | 41~     |
|               | COST LIMIT         |           | \$ 25.00     | CHOCK   |
|               | December 5, 2024   |           |              |         |
| ORDER TIME :  | 10:35 AM           |           |              |         |
| ORDER NO. :   | 812866-014         |           |              |         |
| CUSTOMER NO:  | 8375431            |           |              |         |
|               |                    | <b></b> - | <del>-</del> |         |
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| PLEASE RETURN | N THE FOLLOWING AS | PR(       | OOF OF FI    | LING:   |
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|               | N STAMPED COPY     |           |              |         |
|               |                    |           |              |         |
| CONTACT PERSO | N: Shauna Godbol   | .t        |              |         |

EXAMINER'S INITIALS:

## TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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

| Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  10221 RIVER RD., #59831  POTOMAC, MD 20859  M21000012059  Document number  Plorida Dept. of State:  |
|--|
| Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  10221 RIVER RD., #59831  POTOMAC, MD 20859  M21000012059  Document number  Florida Dept. of State:  |
| POTOMAC, MD 20859  M21000012059  Document number  Florida Dept. of State:  |
| M21000012059  Document number  Florida Dept. of State:   |
| Document number  Florida Dept. of State:  PRESS)  1133   |
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| PM 12: 42 OF STATE SSEE, FL  |
| 301<br>  |
| of the State of Florida, it is hereby confirmed that after the istered office and the business office of the registered ity company, it is hereby confirmed that the change(s) is e limited liability company or as otherwise provided in ited liability company.  |
| Printed or typed name of signee  |
| o act in this capacity. I further agree to comply with th<br>formance of my duties, and I am familiar with and acce<br>r in Chapter 605, F.S. Or, if this document is being file<br>by confirm that the limited liability company has been   |
| ist<br>iy<br>e l<br>ite  |