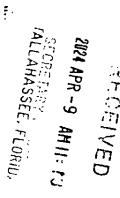
4210000B304

.						
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						
J. HORNE 						
APR 1 0 2024						
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 378491 8364597							
AUTHORIZATION : COST LIMIT : \$ 25 00							
COST LIMIT : \$ 25.00							
ORDER DATE : March 26, 2024							
ORDER TIME : 3:45 PM							
ORDER NO. : 378491-015							
CUSTOMER NO: 8364597							
CHANGE OF AGENT							
NAME: THERMOPATRIX HOLDINGS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Amanda Miller							
EXAMINER'S INTITIALS:							

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.

Name of the limited liability company: THERMOPATRIX HOLDINGS, LLC							
2	(a)	206 WILD BASIN RD.		(b)	206 WILD BASIN RD.		
	(4)	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		STE. 203			STE. 203		
		AUSTIN, TX 78746	_		AUSTIN, TX 78746		
		09/16/2021		٨	M21000012304		
3.		Date of filing/registration in Florida	4.	_	Document number		
5.	(a)						
	, ,	Registered Agent and Registered Office shown on the records of the CORPORATE CREATIONS NETWORK, INC.	he Flor	ida I	Dept. of State:		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>SS)</u>			
		801 US HWY 1			324 F		
		NORTH PALM BEACH FL_	33408	3	FILED 2024 APR -9 PN 12: 49 340 F15		
					76 9 m		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	addı	Iress: 20 To		
		Corporation Service Company					
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee	32301				
		. FL_					
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.							
_		Jee E. Whie			Jill Cilmi, Authorized Person		
	_	ture of a member or authorized representative of a member			Printed or typed name of signee		
pro the to	I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.						
		re of Registered Agent e E. Kirby, Asst. Vice President					
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 ELLING FFF \$25.00 CSC 378491-15							

FILING FEE: \$25.00