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Division of Corporations Fax Number : (850)617-6383

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

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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.

. (a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)		
	855 W BROAD STREET #300		855 W BR(DAD STREET #300	
	BOISE, ID 83702		BOISE. ID	83702	
	01/11/2022		M22000000	592	
	Date of filing/registration in Florida	4.		Document number	
. (a)					
	Registered Agent and Registered Office shown on the records of	the Flori	ida Dept, of State		
	LEGALINC CORPORATE SERVICES INC.			SEC D24	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>		•••
	476 RIVERSIDE AVE.			H 2	
	JACKSONVILLE	L_32202	······································	2024 JAH 25 PH 12: 59	
)
(b)	Enter name of NEW Registered Agent and/or NEW Registere			TA S	1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office a</u>	address:	Ē	
	Corporate Creations Network Inc.				
	NEW Registered Office Address:				
	801 US Highway 1				

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.

/s/ Joseph]	Panholzer
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Joseph Panholzer, Attorney-in-Fact Printed or typed name of signee

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.

/s/ Joseph Panholzer Joseph Panholzer. Special Secretary

Signature of a member or authorized representative of a member

Signature of Registered Agent

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00