ma2000004276

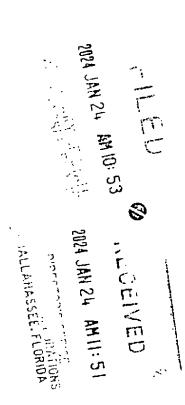
	(Requestor's Name)	
	(Address)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	TIAW	MAIL
	.	
	(Business Entity Name)	
	(Document Number)	
	(Bocament Namber)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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LLC RAZRO Chanse



A. RAMSEY JAN 25 2024 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

12

ACCOUNT NO.	: I2000000195
REFERENCE	^ /I
AUTHORIZATION	Spullenan : \$25.00
COST LIMIT	: 0\$ 25.00
ORDER DATE : January 23, 2024	1
ORDER TIME : 9:20 AM	
ORDER NO. : 281067-009	
CUSTOMER NO: 8438071	
CHANGE OF A	AGENT
NAME: MOLYCOP TECHN	NOLOGIES LLC
PLEASE RETURN THE FOLLOWING AS CERTIFIED COPY XX PLAIN STAMPED COPY	PROOF OF FILING:
XX PLAIN STAMPED COPY	
CONTACT PERSON: Eyliena Baker	-
EX	AMINER'S INITIALS:

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.

2 /23			(h)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(D) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4647 NW 6TH ST, STE E		4647	NW 6TH ST, STE E
	GAINESVILLE, FL 32069		GAIN	ESVILLE, FL 32069
	03/22/2022		M2200	0004276
3.	Date of filing/registration in Florida	4.		Document number
5. (a)		_		
	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept. of	State:
	C T CORPORATION SYSTEM			28
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	
	1200 SOUTH PINE ISLAND ROAD			
	PLANTATION F	33324	ļ	124 JAN 24 AN 10: 53
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	<u> </u>
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			<u></u>
	Tallahassee . F	. 32301 L		
thange igent v vas/wo he arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members icles of organization or the operating agreement of the strick L. Kolov.	e registe iability confithe line limited	red office ompany, nited lial liability	e and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi he obl o mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn ed for in hereby c	et in this (lance of . Chapter confirm to	canacity - I further agree to comply with the
	nace Catuble			

Grace E. Kirby, Asst. Vice President
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00