Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

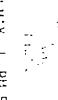
Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

| Email | Address: | | | |
|---------|----------|--|--|--|
| CIIIOTT | MUULTOD. | | | |

LLC REGISTERED AGENT CHANGE HONEYMONEY LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 02 |
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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.

| L. Na | ame of the limited liability company: | | | | | | |
|--|---|---|--|--|--|--|--|
| 2. (a) | | (b) | | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | 06/27/22 | M2200 | 0011014 | | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | | |
| 5. (a) | Registered Agents Inc | * * * * * * * * * * * * * * * * * * * | | | | | |
| | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | |
| | 7901 4th St N STE 300 | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | | | | | | |
| | | | | | | | |
| | St. Petersburg , FL | 33702 | | | | | |
| | | | 20 | | | | |
| (b) | Northwest Registered Agent LLC | 2024 HAY - | | | | | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> | Office address: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| | 7901 4th St N | <u>t</u> = = 2 m ² m ² | | | | | |
| | NEW Registered Office Address: | | | | | | |
| | STE 300 | | CT | | | | |
| | | | | | | | |
| | St. Petersburg | 33702 | | | | | |
| the cha agent v was/we the arti | imited liability company is not organized under the law ingo or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law in the law | the registered bility compan f the limited li | office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in | | | | |
| | ture of a member or authorized representative of a member | | Printed or typed name of signee | | | | |
| provisi the obl to mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. | performance o for in Chaptè ereby confirm | s capacity. I further agree to comply with the f my duties, and I am Jamiliar with and accept r 605. F.S. Or, if this document is being filed that the limited liability company has been | | | | |
| Signatur | Taylor Newman - Assistant Sec re of Registered Agent | cretary | | | | | |