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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048

Phone Fax Number

: (800)345-4647 : (800)432-3622

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

Email	Address:		
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## LLC REGISTERED AGENT CHANGE MODER SOLUTIONS, LLC

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## (((H230003692193)))

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

Pursuant to the provisions of sections 605 submits the following statement in order Florida	.0114 or 605.0116, to change its regi	Florida Ste stered offic	atules, the undersigned limited as or registered away or by	d liability company	
	IMODER SOLUTIONS, LLC				
1. Name of the Limited Liability Company.	2		<del>-</del>	i i	
2. (a) 1980 N Atlantic Ave. Suite 2	16	(b) 2950 West Cypress Creek Road Suite 302  Multing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
Principal office address of timited ( Note: MUST BU STREET					
Cocoa Beach, FL 32931		- <u>F</u>	ort Lauderdale, FL 3330	9	
9/6/2022		<u>M</u> 2	22000013858		
<ol> <li>Date of filing/registration i</li> </ol>	in Florida	4,	Document number		
5. (a) CT CORPORATION SYSTI	FM				
Registered Agent and Registered Office sho		e Florida Dep	t. of State;		
1200 SOUTH PINE ISLAND		•			
	PLORIDA STREET AL	<del></del>	:		
				÷ &	
PLANTATION	, FL	33324	<del></del>	57 12	
(b) Capitol Corporate Services, Enter name of NEW Restatored Agent and		for sidne	<del></del>		
515 East Park Avenue 2nd F	<b>-1</b>			. <del></del>	
NEW Registered Office Address:		·-	<del></del>	- 1	
Tallahassee	,FI	32301	·		
If the limited liability company is not organ the change or changes are made, the Florida agent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization or the operating	street address of the Florida limited lists of the members of t	te registered ility compa the limited mited hisbil	d office and the business offic ny, it is hereby confirmed that liability company or as otherw ity company.	e of the registered t the change(s) vise provided in	
Signature of a member or authorized representative	of a member	Erik Anterion, CEO & Provident, Authorized Signatory of Anthroll Management, LLC, its Monage Printed or typed names of Signers			
I hareby accept the appointment as register provisions of all statutes relative to the pro- the obligations of my position as registered to merely reflect a change in the registered notified in writing of this change.		to act in the glormance or in Chapter reby confin			
Bin Brelier	Brian Ra	deckl, As	sistant Secretary on		
Signature of Registered Agent	behalf of	Capitol (	Corporate Services, Inc.		

Division of Corporationse P.O. Box 6327e Talighasser, FL 32314 FILING FKE: \$25.00

INTEREST AND AN