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Division of Corporations

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

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LLC REGISTERED AGENT CHANGE BLACK LION ASSETS LLC

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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 8	Tame of the limited liability company.	SETS LLC		<u> </u>	
2. (a)	(b)				
	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)		
	7901 4th St N STE 300	7	7901 4th St N STE 300		
	St. Petersburg FL 33702	s	St. Petersburg FL 33702		
	11/18/22	M2	2000017416		
3.	Date of filing/registration in Florida	4.	Document n	umber	
5. (a	, NCH REGISTERED AGENT				
	Registered Agent and Registered Office shown on the records of				
	390 N. ORANGE AVE., STE. 2300-N				
	Registered Office Address <u>(MI/ST BE FLORIDA STREET</u>	<u>ADDRESS)</u>			
				20	
	ORLANDO FI	_32801 		23 (
	Registered Agents Inc			2023 OCT 12	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	<u></u>	ニコマ	
	7901 4th St N			PH 6:	
	NEW Registered Office Address:		 -	00	
	STE 300		_ 	_	
	St. Petersburg	33702			
the ch agent was/w	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	f the register lability comp of the limite	ed office and the bus pany, it is hereby con- d liability company o	iness office of the registered firmed that the change(s)	
	ature of a member or authorized representative of a member	Robin Jo	ones		
Sign	ature of a member or authorized representative of a member		Printed or type	ed name of signee	
provis the ob to mei natitie	by accept the appointment as registered agent and agsions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address. It is writing of this change.	ree to act in e performanc ed for in Cha hereby confi	this capacity. I finth woof my duties, and I pier 605, F.S. Or, if irm that the limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
414 (jr	David Roberts - Assistant S	ecretary			