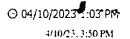
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## LLC REGISTERED AGENT CHANGE ANE, AGENCY NETWORK EXCHANGE, LLC

Certificate of Status	0
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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.

1.	Na	me of the limited liability company: ANE, AGENCY N	VETW	ORI	C EXCHA	ANGE, LLC
2. (	a)	3759 US HWY 1		(b)	3759 US	HWY I
(	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE 200			STE 200	
		MONMOUTH JUNCTION, NJ 08852-2430	<u>-</u>		MONMO	OUTH JUNCTION, NJ 08852-2430
		11/04/2022		N	12200001	7874
3.		Date of filing/registration in Florida	4.	-		Document number
5. (	(a)	CT CORPORATION SYSTEM				
. , ,,,		Registered Agent and Registered Office shown on the records of the 1200 S PINE ISLAND RD	nie:			
		Registered Office Address (MUST BE FLORIDA STREET A				
		PLANTATION, EL	33324	_		
(b)	, FU,				201	
	Corporate Creations Network Inc.	— — — — — — — — — — — — — — — — — — —				
	Enter name of NEW Registered Agent and/or NEW Registered	2023 APR 10				
	801 US Highway 1					
		NEW Registered Office Address:				- P
						<del>լ</del> : _ 3
				•	37	
		North Palm Beach , FL	33408			_
chan agen was/	ige it w 'we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility f the l	ered con imit	office ar pany, it i ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Q	ac	la Lopez	Ja	de I	opez , At	torney-in-Fact
•		ure of a member or authorized representative of a member				Printed or typed name of signed
prov the o to m	isio obli ere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	erfor For in	mai Ch	ice of my apter 60.	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed
Ja	ıa	Jade Lopez, Special Secret	агу			