## 11/5/24, 5:23 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (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:	 	 			
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## LLC REGISTERED AGENT CHANGE **NOVOTECH USA LLC**

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K. SALY

NOV - 7 2024

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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. N	Tame of the limited liability company:NOVOTECH US/	A LLC					
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:				
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)				
	05/16/2023	M230	00006389				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a	CORPORATION SERVICE COMPANY						
(	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
(0)	1201 HAYS STREET	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	BANON-6 PH				
	TALLAHASSEE FI	32301-2525	MASSEE PR				
	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	PH 2: 34 EFFLORIO				
	7901 4th St N		5.				
	NEW Registered Office Address:						
	STE 300	, <u>-</u>					
	St. Petersburg, FI	33702					
the chagent was/vithe ar Sign I her provite of to me	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attack of a member of authorized representative of a member of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, I add in writing of this change.	f the registered lability compar of the limited l Imited liabili Robin Jon	l office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.  Bes  Printed or typed name of signee				
	David Roberts - Assistant Street of Registrick Agent	Secretary					