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Account#: 120000000088

Date:	11/03/2023	
Name:		<u></u>
Reference #	±2160480	
Entity Name	e:METHOD	HRM FLORIDA LLC
	es of Incorporation/Authorizati	on to Transact Business
	ndment nge of Agent	2023 NOV -3
Reins	statement	
☐ Conv	version	PH12:40
☐ Merg	er	0 1 :
☐ Disso	olution/Withdrawal	
☐ Fictiti	ious Name	
Other	r	
Authorized A	Amount: \$25.00	
Signature:	Suliama Prestia	

+44 (0)20.3961.3080

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.

i 1. N	ame of the limited liability company: METHOD	HRM	1 FLOI	RIDA LLC	_
2. (a)		_ (b)	M	tailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
	No Change	 -	No Chan	ge	
	May 23, 2023	_		23000006687	_
3.	Date of filing/registration in Florida	4_		Document number	
5. (a	CORPORATE CREATIONS NETWORK INC.		<u> </u>		
J. (u	Registered Agent and Registered Office shown on the records of th	c Florida I	Dept. of State	:	
	801 US HIGHWAY 1			. 20	Ξ;
	Registered Office Address (MUST BE FLORIDA STREET AN	DDRESS)	·	2023 NOV	50 MOISTAIG
	NORTH PALM BEACH, FL	33408			
(b	COGENCY GLOBAL INC.			PM12: 40	72. 13.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office addi	<u>.622</u> :		
	115 North Calhoun St., Suite 4			.	•
	NEW Registered Office Address:				
	Tallahassee , FL	32301		-	
the classes	e limited liability company is not organized under the law hange or changes are made, the Florida street address of a twill be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the l	s of the S the regist bility con f the limi limited li	npany, it i ted liabilit ability con	s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
	Matthew Johnson	Matth	ew John		
I her provi the o	nature of a member or authorized representative of a member reby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete publications of my position as registered agent as provided erely reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address.	ee to act performa I for in C ereby co	in this cap nce of my hapter 60: nfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and account of this document is being fit the limited liability company has been	he epi led
/s/	Timothy Mayville				
Sign	ature of Registered Agent Timothy Mayville, Assistant S	Secreta	ry		
	Division of Corporations P.O. B	30x 6327	• Tallaha	ssee, FL 32314	

FILING FEE: \$25.00