## M23000006971

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only

-



🚱 indenniudser r Lúkíðá 🖓		2823 OCT - 3 PH 12: 18		<b>a</b>
TALLAHASSEE, FLORIDA	THAT UP SINCE	2023 OCT -3 AM 10: 43	FILED	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

.

Account#: 12000000088

Date:10	)/03/2023	
Name:	Juliana	
Reference #:	0400007	
Entity Name:		SIDEPRIZE LLC
Articles o		orization to Transact Business
☑ ☑ Change	of Agent	
Reinstate Converse		
☐ Merger ☐ Dissoluti	onWithdrawal	
Fictitious	Name	
Authorized Amo		

Authorized	Amount:	\$25.00	
Signature:	Juliana	Prestia	

■EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTRY +8010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +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.

(a)		(b)	l
	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			1230 Peachtree Street, NE, Suite 2800
	No Change		Atlanta, GA 30309 Attention: Legal
	<u>May 30, 2023</u>		M23000006971
	Date of filing/registration in Florida	4.	Document number
(a)	REGISTERED AGENTS INC		
()	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State:
	7901 4TH ST N STE 300		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	ST. PETERSBURG	133702	1023 OCT -3
(b)	COGENCY GLOBAL INC.		
(b)			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> 115 North Calhoun St., Suite 4	d Office add	E.FLORIDA
(b)		d Office add	
(b)	115 North Calhoun St., Suite 4 <u>NEW</u> Registered Office Address:	d Office add	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Shannan Krippner

Shannan Krippner

Signature of a member or authorized representative of a member-

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville Signature of Registered Agent

Timothy Mayville, Assistant Secretary Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00