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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 087514 8420943

AUTHORIZATION : STANDARD STA

NAME: WW STAFFING, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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	ame of the limited liability company:	IG LLC		
2. (a)		(b)		
2, (a)	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)	
	3622 LYCKAN PKWY STE. 3003	3622	LYCKAN PKWY STE. 3003	
	DURHAM, NC 27707	DUF	DURHAM, NC 27707	
	08/28/2023	M230	00011502	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	of State:	
	REGISTERED AGENTS INC		. ~,	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		
	7901 4TH ST N SUITE 300		<u> </u>	
	ST. PETERSBURG	33702		
		15		
(b)				
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	M110: 55	
	Corporation Service Company			
	NEW Registered Office Address:	•		
	1201 Hays Street		·	
	Tallahassee . F	_{FL} 32301		
change agent v was/w	limited liability company is not organized under the less of changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ne registered officiliability company sof the limited list of limited liability	ce and the business office of the registered c. it is hereby confirmed that the change(s) ability company or as otherwise provided in company.	
	/s/ Lonna Carter	Lonna Ca	ter, Authorized Person	
-	iture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, i d in writing of this change.	ie performance o	f my duties, and I am familiar with and accept	
J	/s/ Grace E. Kirby	Grace E.	Kirby, Asst Vice President	
Signatu	ire of Registered Agent			