Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081

: (307)200-2803

Fax Number

: (813)436-5206

Enter—the email address for this business entity to be used for future ুলুনুন্ন্ৰ report mailings. Enter only one email address please.**

Ε	ma	il	Address:_

LLC REGISTERED AGENT CHANGE **FUNDED STRATEGIES LLC**

Certificate of Status	0
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Page Count	02
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2/12/2024 07 52:59 PST: . To 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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. 8	Same of the limited liability company. FundED Strategies	s LLC					
2. (a	7901 4th St N STE 300 St. Petersburg, FL 33702	(b) ⁷⁹⁰¹	L4th St N STE 300 St. Petersburg, FL 33702				
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)				
,	10/26/2023	-	00013739				
3.	Date of filing/registration in Florida	4.	Document number				
5. (a	111111111111111111111111111111111111111						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State						
	1150 NW 72ND AVE TOWER 1 STE 455 #13548 Registered Office Address (MUST BE FLORIDA STREET A	INDESS					
	Registered Office Address [1003] DET LONDA STREET	<u>иликсээ)</u>					
	MIAMI FL.	33126	2024 FEB 12 SELVING AHA TALLAHA				
	Northwest Registered Agent LLC		B				
tb	Enter name of NEW Registered Agent and or NEW Registered	NS					
	7901 4th St N	TALLAHASSEE, F					
	NEW Registered Office Address:	- FLE					
	STE 300	······					
	St. Petersburg	33702					
the cl agent was/v the ar	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered bility compan f the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in				
Stgi	inture of a member or authorized representative of a member		Printed or typed name of signee				
I her provi the oi to me	chy accept the appointment as registered agent and agrissions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	performance of Lefor in Chapte wereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed what the limited liability company has been				
· <u> </u>	ture of Renistered April: - ASSISTAIN SE	ciciary					