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Division of Corporations

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## LLC REGISTERED AGENT CHANGE PLATINUM INTERCHANGE, LLC

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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. Na	ame of the limited liability company: Platinum Intercha	inge, LLC			
2. (a)	4025 E LA PALMA AVE	(b)			
2. (u) <u>-</u>	Principal office address of fimited liability company: (Note: MUST BE STREET ADDRESS)	(*/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 101	SU	SUITE 101		
	ANAHEIM. CA 92807	ANAHEIM. CA 92807 M24000001072			
	12/22/2023				
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	NORTHWEST REGISTERED AGENT, L.L.C.				
	Registered Agent and Registered Office shown on the records of 7901 4TH STREET N	~ >			
	Registered Office Address (MUST BE FLORIDA STREET A SUITE 300				
	ST. PETERSBURG, FL	33702	Till to the second of the seco		
(b)	C T Corporation System				
(11)	Enter name of NEW Registered Agent and/or NEW Registered	——————————————————————————————————————			
	NEW Registered Office Address:				
	1200 South Pine Island Road				
			<del></del>		
	Plantation, FL	33324			
the cha agent v was/wa	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compa- of the limited in limited liabili	d office and the business office of the registered ny, it is hereby confirmed that the change(s) iability company or as otherwise provided in ity company.		
<del></del>	/s/CHRISTOPHER JONES, MANAGER	CHRISTO	OPHER JONES, MANAGER		
	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, 1 if in writing of this change.	performance.	of my duties, and I am familiar with and accept		
By:	C T Corporation System  SEAN L EMERICK, ASSISTANT SECRETARY  SEAN L EMERICK, ASSISTANT SECRETARY				
Signatu	ire of Registered Agent				