From: Kaity T



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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE ADVANTIS GLOBAL SOLUTIONS 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.	Name of the limited liability company: ADVANTIS GI.	OBAL SOLUTIONS	S LLC	
2. (a	20 SUNNYSIDE AVE.	(b)	(b) 20 SUNNYSIDE AVE.	
2. (0	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)	
	STE. E	STE. E		
	MILL VALLEY, CA 94941	MILL V	MILL VALLEY, CA 94941	
	3/27/2024	M240000	03960	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) CORPORATION SERVICE COMPANY		<u> </u>	
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	of the Florida Dept. of St	rate:	
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	_	
(b)	TALLAHASSEE , F	L_32301-2525	APPF CECRETA IALLAHAS	
	C T Corporation System		ACC PRACTION APPROXIMATION APP	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		APPROVED AND FILED RETARY OF STANASSEE, FLO	
	NEW Registered Office Address:		- 절절 호	
	1200 South Pine Island Road			
	Plantation F	L_33324		
the c agen was/ the a	e limited liability company is not organized under the la hange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the parameter.	aws of the State of I of the registered off liability company, it of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
	nature of a member or authorized representative of a member		Printed or typed name of signee	
prov the o to me notif By:	reby accept the appointment as registered agent and agistions of all statutes relative to the proper and complete bligations of my position as registered agent as provide a reflect a change in the registered office address, liked in writing of this change. C. T. Corporation System 17 Jakates Presses.	gree to act in this ce te performance of m led for in Chapter 6 I hereby confirm the	apacity. I further agree to comply with the ny duties, and I am familiar with and accept 505, F.S. Or, if this document is being filed at the limited liability company has been	

Natalie Pickens, Assistant Secretary