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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

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REGISTERED AGENT CHANGE THE THIRD FLOOR COMPANY, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	, ange is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florid norganized under the laws of the State o registered agent, or both, in the State o	of			
1. The name of	the corporation: The Third Floor C	отралу, Іпс.				
		E, SUITE 310C PEMBROKE PINES, F	L 33026			
3. The mailing	address (if different):					
4. Date of incor	poration/qualification: 11/04/10	Document number: P1000	0090503			
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file resigned)	with the			
	EISENBERG, DONALD L					
	1601 N PALM AVE, SUITE	310C				
	PEMBROKE PINES, FL 33026		2018 SEC			
6. The name an (if changed):	d street address of the new register	ed agent (if changed) and /or registered				
	Registered Agents Inc.		The Table			
	7901 4th St N STE 300	FLOS D				
	St. Petersburg FL 3370	30x NOT acceptable				
The street addr	ess of its registered office and the	street address of the business office of	— its registered agent,			
Such change w authorized by t	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by a een notified in writing of the change.	in officer so			
Mar	k Loesberg ure of an officer or director	Mark Loesberg, President Printed or typed name and	Title			
I hereby accept further agree performance of agent. Or, if the	t the appointment as registered ag to comply with the provisions of t f my duties, and I am familiar with	ent and agree to act in this capacity. ill statutes relative to the proper and c and accept the obligation of my posity to reflect a change in the registered of	omplete ion as registered			
Bee Han	gnature of Regritered Agent	8/13/19				
		Date				
<u>.</u>	chalf of an entity:					
Bill Havre	Typed or Printed Name					

* * * FILING FEE: \$35.00 * * *