Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

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2022 NON -9

## **REGISTERED AGENT CHANGE** STILL MOUNTAIN CAPITAL INC

Certificate of Status	0
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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.

l. Na	me of the limited liability company: Still Mour	ıtair	ı Capi	tal Inc.
2. (a)	, , ,		(b)	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901	4th St N STE 300
	St. Petersburg FL 33702	_	St. Pe	tersburg FL 33702
	09/22/2015	P15000078607		
3.	Date of filing/registration in Florida	4.		Document number
<i>-</i>	GOLDIN, ARNOLD S			
5. (a)	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept. of S	 tate:
	5106 D LAKE CATALINA DR	2000	<u> </u>	<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET A	DDKE.	227	
	DOCA DATON (2)	3	3406	SE SE
	BOCA RATON , FL		3430	- 强 6 ①
(L)	Registered Agents Inc			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	address:	POZZ NOV -9 PM 12: 30  SECHE TALLANKS SEE TO THE
	-			
	7901 4th St N			2 12
	NEW Registered Office Address:			_ 30
	STE 300			
				<del></del>
	St. Petersburg	3370	)2	
	imited liability company is not organized under the law inge or changes are made, the Florida street address of			
agent v	will be identical. Or, in the case of a Florida limited lia	bility	company, i	it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members o	f the li	mited liabi	ility company or as otherwise provided in
tne arti	icles of organization or the operating agreement of the	mme	т наопну с	
Cinna	Shawn Collins	<del></del>		Shawn Collins  Printed or typed name of signee
-	ture of a member or authorized representative of a member			
provisi the obl to mer	by accept the appointment as registered agent and agri ions 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, I h d in writing of this change.	pertor	mance of n	ny duties, and I am tamiliar with and accept

- Assistant Secretary

Bill Havre

Signature of Registered Agent