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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number : (813)436-5206

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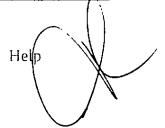
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REGISTERED AGENT CHANGE THERMIDAS AMERICAS, INC.

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

statement of ch	e provisions of sections 607,0502, 617,0 lange is submitted for a corporation org ler to change its registered office or reg	anized under the laws of the State of	Florida	 -		
1. The name of	the corporation: THERMIDAS AMI	ERICAS INC.				
	office address: 7901 4th St N STE		2	_		
3. The mailing	address (if different): 7901 4th St N	STE 300 St. Petersburg, FL 3	33702			
	rporation/qualification: 03/31/20	Document number: P2000				
	nd street address of the current registered artment of State: (If resigned, enter resigned)		rith the			
	KUJANPAA, LIVIA					
	7912 Saliboat Key Blvd S 508					
	South Pasadena, FL 33707					
6. The name an (if changed):	nd street address of the new registered ag	gent (if changed) and /or registered of	SILLALIA SILLALIA	77		
	7901 4th St N STE 300		- £3 -			
		Box NOT acceptable	AT SSE			
	St. Petersburg FL 33702		- Eo.	5 O		
The street addras changed wil	cess of its registered office and the stre il be identical.	et address of the business office of i	ں <u>ہے۔</u> ts registered•	n Bent,		
Such change wanthorized by t	as authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so			
- January Spirite	unes Warren	James Warren	iile			
l further agree of my duties, a document is be	t the appointment as registered agent to comply with the provisions of all st nd I am familiar with and accept the o sing filed merely to reflect a change in is been notified in writing of this chans	atutes relative to the proper and con bligation of my position as registere the registered office address, I here	mplete performed agent. Or by confirm th	mance if this at the		
David Perence		11-18-2024				
St	gnature of Registered Agent	Date				
If signing on b	chalf of an entity:					
David Rob						
	Typed or Printed Name					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)