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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 : (813)436-5206

Fax Number

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

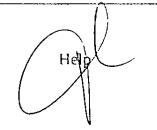
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REGISTERED AGENT CHANGE SAVENTURA INC.

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

statement of cha	nge is submitted for a corporation o	.0302, 607.1308, or 617.1308, Florida Sta rganized under the laws of the State of <mark>Flo</mark> egistered agent, or both, in the State of Flo	rida
	the corporation: Saventura Inc.	,	
	office address: 7901 4th St N STE 300) St. Petersburg, FL 33702	
3. The mailing a	nddress (if different): 7901 4th St N #2		
		Document number: P240000551	ı 5 2
	I street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with signed)	the
	FLORIDA REGISTERED AGENT LLC	;	
	7910 4TH ST N STE 300	,	20 (
	ST. PETERBURG, FL 33702		TALL!
6. The name and (if changed):	I street address of the new registered	agent (if changed) and /or registered office	2024 SEP 13 AH
	Registered Agents Inc		(元) 6 :
	7901 4th St N STE 300		50 F-1
		O. Box NOT acceptable	, ,
	St. Petersburg FL 33702		
_		reet address of the business office of its r	
Such change wa authorized by th	is authorized by resolution duly add ne board, or the corporation has bee	opted by its board of directors or by an of a notified in writing of the change.	ficer so
13777	re of an officer of director	JEFFREY SCHNEIDER - P	
hereby accept further agree to of my duties, an	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the	times in types name and the	ioent Or it this
Daid Arets		09/13/2024	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
David Roberts	and a Dring of Name		
13	yped or Printed Name		

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