(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
J. HORNE								
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CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 116891 7143029
AUTHORIZATION :
COST LIMIT : 05 25.00
ORDER DATE : November 7, 2022
ORDER TIME : 1:22 PM
ORDER NO. : 116891-121
CUSTOMER NO: 7143029
CHANGE OF AGENT
NAME: DUKE-SP, LLC
DIPAGE DEPUTAT THE FOLLOWING AS DROOF OF ELLING.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTRACT DEDCON Delega Delega Delega Delega
CONTACT PERSON: Eyliena Baker EXT#
EXAMINER:

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.

I. Na	ame of the limited liability company:	.c			. <u>. </u>		
2. (a)	1800 Wazoo Street, Suite 500		b)				
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE PO	_		
	Denver, CO 80202						
	03/24/2004		L0400002	2852			
3.	Date of filing/registration in Florida	4.	-	Document number	r		
. (a)	C T Corporation System						
5. (a)	Registered Agent and Registered Office shown on the records of	of the Floric	la Dept. of Sta	te:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRES	<u>(S)</u>	_			
				-			
	Plantation , F	L33324	<u> </u>				
(b) .				_	ÆSE 3SE	202	
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office a	ddress:			2 <u>N</u> (د. .د.
	Corporation Service Company			_	:TAN	2022 NOV 15	
	NEW Registered Office Address:				:::: ::::::::::::::::::::::::::::::::		-
	1201 Hays Street			<u> </u>	•• *1	PH	: : !
	Tallahassee . F	32301				3: 04	<u> </u>
		-					
hange igent v vas/we	mited liability company is not organized under the later or changes are made, the Florida street address of the street identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e register iability co of the lin	ed office an ompany, it i nited liabilit	id the business offices s hereby confirmed ty company or as of	e of the r that the c	egister change	red :(s)
	ichael T. Blair			ir, Authorized Perso	on	_	
	ure of a member or authorized representative of a member		_	Printed or typed name	of signee		
rovisi he obli o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to ac e perform ed for in (hereby c	t in this cap ance of my Chapter 602 onfirm that	acity. I further agre duties, and I am fan 5, F.S. Or, if this do the limited liability	ee to com niliar wit ocument i company	ply wi h and c s being has b	th the accept z filed een
otified	In writing of this change.	Corporat	ion Service	e Company			
Signatur	e of Registered Agent	Ami M.	Casper, As	st. Vice President			

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00