L13000033705

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2023 OCT 16 AM 8: 49 FILED CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 066132 8429050

AUTHORIZATION :, /

COST LIMIT 1: 75 25.00 7

ORDER DATE: October 13, 2023

ORDER TIME : 1:47 PM

ORDER NO. : 066132-005

CUSTOMER NO: 8429050

CHANGE OF AGENT

NAME: LYNK CAPITAL, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- 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.

. (a)	7100 Six Forks RD	0 Six Forks RD		
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 335	Suit	e 335	
	Raleigh, NC 27615	Rale	Raleigh, NC 27615	
	03/04/2013	L130	00033705	
•	Date of filing/registration in Florida	4.	Document number	
. (a)				
	Registered Agent and Registered Office shown on the record	ds of the Florida Dept.	of State:	
	INCORP SERVICES, INC.			
	Registered Office Address (MUST BE FLORIDA STRE			
	3458 LAKESHORE DRIVE			
	TALLAHASSEE	. FL 27615		
	TALLATIAGGE	. F. ku		
(b)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	tered Office address:	SSE 16	
	Corporation Service Company		FILED 2023 OCT 16 AM 8: 49 TALLAHASSEE. FLORIDA	
	NEW Registered Office Address:			
	1201 Hays Street		H 8: 49	
	Tallahassee	22204		
		, FL	<u></u>	
iange gent v as/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of	the registered offind liability companyers of the limited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
/S/ Matt Brothers			ners, Manager	
Signature of a member or authorized representative of a member			Printed or typed name of signee	

the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00