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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE KELEX GROUP LLC

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T. LEMIEUX APR 1 1 2023

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

l. N	ame of the limited liability company: Kelex Group LLC			
2. (a)	218 East Taylor St.		b) 218 East	Taylor St.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	· ——	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Savannah, GA 31401		Savannah	. GA 31401
	01/05/2018	_	L18000004	1491
3. 5. (a)	Date of filing/registration in Florida AGI Registered Agents, Inc.	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of th 1000 Brickell Ave., Suite 501 Coral Gables, FL 33134 Registered Office Address (MUST BE FLORIDA STREET AL	····		
	1000 Brickell Ave., Suite 501 Corat Gables FL 3	3134		_
(b)	C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered O	2023 APR 1 0		
	NEW Registered Office Address:			- P
	1200 South Pine Island Road			Que to the second secon
	Plantation , FL 3.	3324	······	· · · · · · · · · · · · · · · · · · ·
ne cha igent v vas/wo he arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of coles of organization or the operating agreement of the limited street.	ne regi ility c the fir	stered offic ompany, it i ofted liabilis	te and the business office of the registered is hereby confirmed that the change(s)
	aire of a member or authorized representative of a member	Ant	nony H. Dow	rling
I herei provisi he obl o mere potified	or a member or authorized representative of a member on accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete personal	erjorn for in reby c	ance of my Chapter 60, onfirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am jamiliar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been a Assistant Secretary