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(Re	equestor's Name)	_			
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
	Sument Number				
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 12, 2019

Order#: 793969/008

Re: 1852 FL OPCO, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

1. N	ame of the limited liability company: 1852 FL OPCO.	LLC			
2 (a)	30 STEPHANIE LANE	(b)	1603 Main Street, 2nd Floor		
(··)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%)	Mailing address of limited	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	DARIEN, CT 06820	_	Willimantic, CT 06226		
	08/03/2018		L18000186966		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	CT CORPORATION SYSTEM				
	Registered Agent and Registered Office shown on the records of the	he Florida	Dept. of State:		
	1200 SOUTH PINE ISLAND ROAD			~ :	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	PLANTATION . FL.	33324			
(b)	Corporation Service Company			- FI (D)	
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	. 55	
	1201 Hays Street				
	NEW Registered Office Address:				
	Tallahassee . FL	32301			
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regist bility cor f the limi	ered office and the business off npany, it is hereby confirmed th ted liability company or as other	ice of the registered at the change(s)	
	Brendan Johnson	Bren	dan Johnson, Manager		
Signa	ture of a member or authorized representative of a member		Printed or typed name of	signee	
provis the ob to mer	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	e to act i performa for in Ci ereby coi	in this capacity. I further agree nce of my duties, and I am famil hapter 605, F.S. Or, if this docu nfirm that the limited liability co	to comply with the liar with and accep iment is being filea ompany has been	
	Thoras Comporation Service Company		ace E. Kirby, Asst. Vice Presi		

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