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SEEDJURA, PLLC

TYPE OF FILING: CHANGE OF REGISTERED AGENT

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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.

1. N	lame of the limited liabile	ty company: SEEDJURA, F	PLLC				<u> </u>	
				n)				
- (/		ess of limited liability company: BE STREET ADDRESS	(Mailing address of limite (Note: MAY BE POS	d liabilit	y company:	
	4440 PGA BLVD STE	00		4440 PGA	BLVD STE 600			
	PALM BEACH GARD	INS, FL 33410		PALM BE.	ACH GARDENS, FL	33410		
	01/05/2021			1.210000022	223			
3.	Date of filing/r	egistration in Florida	4.		Document number			
5. (a)							
v. (u	Registered Agent and Regist CORPORATE CREATI	ered Office shown on the records o	of the Florida	a Dept, of State	: ::			
	Registered Office Address	(MUST BE FLORIDA STREET ADDRESS)			-	207		
	801 US HWY 1			_	·C)			
	NORTH PALM BEACH	I	7L_33408		- <u>.11</u>	2023 JAN 10		
(b)					्रा <u>ज</u>	AH 9:	-	
(0)		red Agent and/or NEW Registered Office address:			FS THE	9: 2	المصدا	
	CCS GLOBAL SOLUTI	ONS, INC.			-~	7		
	NEW Registered Office Add	ress:			•			
	155 OFFICE PLAZA DR	IVE —						
	TALLAHASSEE	, F	FL32301					
chang agent was/w	e or changes are made, the will be identical. Or, in the ere authorized by an affir	is not organized under the la Florida street address of the e case of a Florida limited la mative vote of the members e operating agreement of the	e registere liability co of the lim	ed office and mpany, it is ited liability	I the business office hereby confirmed the company or as other	of the r	egistered change(s)	
/s/	Phyllis Lauren Shuster		Phyl	llis Lauren Sh	nuster			
Signa	ature of a member or authorized	representative of a member			Printed or typed name of	f signee		
provis the ob to mer	by accept the appointment ions of all statutes relative ligations of my position a rely reflect a change in the d'in writing of this change	as registered agent and age to the proper and complet registered agent as provid registered office address, i	gree to act e performo ed for in C hereby co	in this capa ince of my d hapter 605, infirm that th	city. I further agree uties, and I am fami F.S. Or, if this doc he limited liability co	to com liar wit ument i ompany	ply with the h and accept s being filed has been	
-		Joanne Caswell, Assistant	Secretary					
Signati	are of Registered Agent	1						