L2100021369

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

		ACCOU	NT NO. :	I	200000001	.95	
		REF	ERENCE :	6(3433	8374304	1
		AUTHORI:	ZATION :	Ċ	Excell Ol	CHA.	1
		COST	LIMIT :	\$	25.00		
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EXAMINER: ____

CONTACT PERSON: Alexxis Weiland -- EXT#

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	me of the limited liability company:120 NORTH GC	ORDON	ĻĻ	LC _
2. (a)	18 E. 4TH STREET, SUITE 902		ь) —	18 E. 4TH STREET, SUITE 902
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(υ γ .	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CINCINNATI, OH 45202	<u> </u>	-	CINCINNATI, OH 45202
	06/07/2021		L:	L21000263697
 (a) 	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number
(,	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD Registered Office Address (MUST BE FLORIDA STREET)	<u> </u>		
		33324		2022 APR 12
(b) _.	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company		ldr	ress:
	NEW Registered Office Address: 1201 Hays Street			5;
	Tallahassee . FL	32301		
change agent w was/we the artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ure of a member or authorized representative of a member	registere ability co of the lim limited l	ed omp nite liab	I office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
provision the oblination of th	ny accept the appointment as registered agent and agrows of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It is muriting of this change.	ee to act perform I for in C iereby co	in and The onf	n this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept tapter 605, F.S. Or, if this document is being filed after that the limited liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

INHS18 (2/14)

Grace E. Kirby. Asst. Vice President of Corporation Service Company