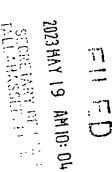
## MIACODAAAO

	(Requestor's Name)	
	(Address)	
	(	
(Address)		
<del></del>	(City/State/Zip/Phone #)	
	(- · ·	
PICK-UP	WAIT MAIL	
	(Business Entity Name)	
	(Document Number)	
	(Bodaniah Hariber)	
Certified Copies	Certificates of Status	
Special Instructions to	Filing Officer:	
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	J. HORNE	
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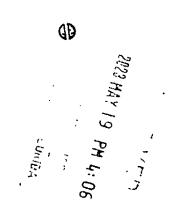
Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	O. :	12000000	)195				
REFERENC	CE :	752154	8413848				
AUTHORIZATIO	ЭN :	Consult b	lo rop.				
COST LIM	IT :	\$ (25.00					
ORDER DATE : May 15, 2023							
ORDER TIME : 12:54 PM							
ORDER NO. : 752154-001							
CUSTOMER NO: 8413848							
CHANGE OF AGENT							
NAME: AMCAP INVESTMENTS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland-sorenson							
	EXAMI	NER'S INIT	TIALS:				

## 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.	Na	me of the limited liability company: AMCAP INVESTM	MENT	S, I	LLC	
7	(a)	9999 BELLAIRE BLVD		(b) 9999 BELLAIRE BLVD		
٠.	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- '	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SUITE 700	_	_	SUITE 70	00
		HOUSTON, TX 77036	_	_	HOUSTO	N, TX 77036
		04/20/2012		Ν	11200000	2220
3.		Date of filing/registration in Florida	4.	_	• •	Document number
5.	(a)					_
	. ,	Registered Agent and Registered Office shown on the records of th INCORP SERVICES, INC.	Pept, of Stat			
		Registered Office Address (MUST BE FLORIDA STREET AL	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		3458 LAKESHORE DRIVE				- B - 1
		TALLAHASSEE FL 3	32312			BOAM 19 ALLOO
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	)(Tion in	.445	****	- -
		Enter name of NEW Registered Agent and/or NEW Registered C	лисе а	laur	ress.	
		Corporation Service Company				· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:					_
	1201 Hays Street					_
ch ag wa	ange ent v is/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles@norganization or the operating agreement of the li	egiste oility c the lii	red om mit	office an pany, it is ed liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
••••		X14 8 CO.			•	prized Person
	Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee
pro the to no	ovisi e obl merc tifica	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided ely reflect a change in the registered office address. I he din writing of this thange	e to ac erforn for in creby c	et in nan Ch con	n this capa ace of my a apter 603 afirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
		ce E. Kirby, Asst. Vice President \\ Division of Corporations • P.O. Bo	ox 632	27•	Tallaha:	ssee, FL 32314

FILING FEE: \$25.00

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