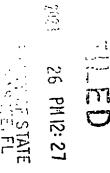
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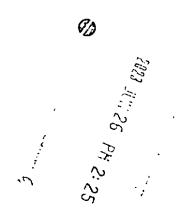
	(Requestor's Name)						
(Address)							
	(Address)						
	(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL					
	(Business Entity Name)						
(Document Number)							
Certified Copies	_ Certificates of	Status					
Special Instructions to Filing Officer:							

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000	0195							
REFERENCE : 815327	8089070 Rena							
AUTHORIZATION :	, all files							
COST LIMIT : \$25.00								
ORDER DATE : June 14, 2023								
ORDER TIME : 1:25 PM								
ORDER NO. : 815327-013								
CUSTOMER NO: 8089070								
CHANGE OF AGENT								
NAME: AWRS DADE LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FI	LING:							
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker								

EXAMINER'S INITIALS:

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	ame of the limited liability company: AWRS DADE LLC	C		
2	(a)	3100 Medlock Bridge Rd.	(b) 3100 Medlock Bridge Rd.		
	(42)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (3		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Suite 305		Suite 305	
		Norcross, GA 30071	_	Norcross,	GA 30071
		01/10/2017		M1700000	0268
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	C T CORPORATION SYSTEM			
-/-	()	Registered Agent and Registered Office shown on the records of th	e Florida	Dept. of State	- ::
		1200 SOUTH PINE ISLAND ROAD			- 岩
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS	2	
					التعليم المراجع المراج
		PLANTATION 51.3	33324		26 PHIZ: 27
		FL_			SAR P
	(b)				E. 1
Enter name of NEW Registered Agent and/or NEW Registered Office address:					ATE 27
Co		Corporation Service Company			
		NEW Registered Office Address:			•
		1201 Hays Street			
					•
		Tallahassee, FL 3	32301		
ch ag wa the	ange ent v is/we arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of clessor organization or the operating agreement of the liability.	egistere ility cou the limi mited li	d office and npany, it is ited liability ability com	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. rized Person
	-	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to	ovisi 2 obl. merc	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided the reflect a change in the registered office address. I he I in writing of this change.	erforma for in C reby co	nce of my a hapter 605, nfirm that t	luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Si	gna ti n	Gra	ce E. K	irby, Asst.	Vice President

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