## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	

## LLC REGISTERED AGENT CHANGE **AE OPCO III LLC**

Certificate of Status	0
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Page Count	03
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· A

## **COVER LETTER**

TO: Registration Section Division of Corporations	
AE OpCo III LLC	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Lori Whalen	
Name of Person	<del></del>
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	0
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	•
Lori Whalen	888 705-7274
Name of Person	at () Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following an	mount:
☐ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
NHS18 (2/14)	

## 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	ame of the limited liability company: AE OpCo III LLC						
2. (a)	1590 ROSECRANS ACE STE D #415	ACE STE D #415 (b) 1590 F		OSECRANS ACE STE D #415			
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	MANHATTAN BEACH, CA 90266		MANHAT	TAN BEACH, CA 90266			
	8/21/2020	M	20000007	7295			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	TRAC-THE REGISTERED AGENT COMPANY						
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State;						
	Registered Office Address  (MUST BE FLORIDA STREET A						
	TALLAHASSEE . FI.	32303		20			
(b)	Registered Agent Solutions, Inc.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	SDEC -4					
	2894 Remington Green Ln.	PH DIE					
	NEW Registered Office Address:			့ ယု			
	Ste. A			15			
	Tallahassee, FL_	32308					
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered of bility comp f the limite	office and pany, it is d liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in			
/s/	Jaclyn Wright	Jaclyn	Wright	Authorized Person			
	ure of a member or authorized representative of a member			Printed or typed name of signee			
provision the oblition to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I have the writing of this change.	erformanc	e of my di	tiles and Lam familiar with and accour-			
	Mackenzie Hibler, Asst. Secret	ary					
Signatua	re of Registered Agent						