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Division of Corporations

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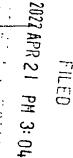
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LLC REGISTERED AGENT CHANGE 4933 FRUITVILLE ROAD LLC

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2022-04-21 12:51:44 EDT

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	ame of the limited liability company: 4933 FRUITVII.	LE ROA	ND I	.LC			
2. (a)	10 SARASOTA CENTER BLVD.		(b)	10 SARASOTA CENTER BL	JVD.		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of lim (Note: MAY RE PO	-		
		SARASOTA, FL 34240-9770		-	SARASOTA, FL 34240-9770) '		
		MAY 24, 2013	_	Ŀ	13000075880			
3.		Date of filing/registration in Florida	4.		Document number	;r		
5. (a)	(a)	ALAN M. ELWELL						
		Registered Agent and Registered Office shown on the records of 10 SARASOTA CENTER BLVD.	the Hori	dn D	ept. of State:			
		Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	SΣΣ				
		SARASOTA , FL	34240-	9771	D	 1.:	202	
(1	b)	CROSS STREET CORPORATE SERVICES, LLC				<u> </u>	2022 APR	
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddr	:35:	77.7	\sim	T1 >.
		200 SOUTH ORANGE AVENUE				<u>,4,5</u>	HIG	
		NEW Registered Office Address:					± 3: 0t	
		SARASOTA , FL	34236			,	-	
chan agen was/	ge Lw we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the organization or the operating agreement of the	es of the register bility c f the lir limited	c Streed (omp nite liab	ate of Florida, it is hereby conflice and the business officeany, it is hereby confirmed diability company or as of the company of the company.	ce of the reg I that the cha therwise pro	istered inge(s) vided i	
Sie	- Eti	are of a memorit co subscrized representative of a member	- At.	<u> </u>	M. ELWELL, As its Authoriz		alive	
I he prov the o to me notif	reb isid bli erei ied	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change in the registered office address.	7 <i>0 T</i> 775 T	1/10/07	'a of Mill Million (mad) one for	ee to compl	2000 AA	
Sign	ในก	of Registered Agent Michael J. Wilson, As its Vice President						

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 FILING FEE: \$25.00