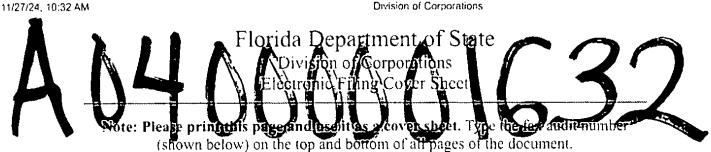
Division of Corporations



(((H24000393470 3)))



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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338

Fax Number : (614)573-3996

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DEC - 3 2024

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Help

From: Daylen i

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115. Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

lNam	SA FL ie of Limited Partnership or L	A I LLLP imited Liability I	imited Part	nership	
>][0/07/2004	3	A04000001632		
Date of filing/registration in Florida			Florida document number		
4. The name of the regi Department of State:	stered agent and the registered	d office address a	is shown on	the records of the Florida	
	Scott I	l Adams			
_	N	ame			
	2061 Thate	h Palm Drive			
_	Ad	dress	· · · · · · · · · · · · · · · · · · ·		
_	Boca Rato	n. FL 33432		···	
	City, Sta	te and Zip			
5. The name and Florid	a street address of the new reg	gistered agent and	l/or office:	202	
	C T Corpor	ation System			
_	N	ame	-		
	1200 South Pi	ine Island Road		2024 DEC -2 PH 12: 14 ***STATE	
_	Florida street address (P.O. Box not acc	eptable)		
	Plantation,	FI	33324	1 12 12 12 12 12 12 12 12 12 12 12 12 12	
_	City, Sta	te and Zip		- L	
6. Such change(s) is/are	effective when filed by the F	lorida Departme	nt of State.		
Scott H Adams	<u>. </u>	•			
Scott ((Adams (Res. 26, 2124-1) 1+ US		-			
Signature of General Pa	Hile				
	ointment as registered agent (
	ons of all statutes relative to t				
and Lam familiar with a Denise Bell	in accept the obligations of m	y posttion as reg	istered ager	и.	
Signature of Registered	Agent	-			
Filing Fee:	\$35.00				
rning ree. Certified Copy (op					