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Division of Corporations

Florida Department of State Corporations C

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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.

| Name of Limited Partnership | or Limited Liability Limited Part | nership | |
|---|-----------------------------------|-------------------------------|--|
| , 09/12/2014 | _{3.} B14000000209 | | |
| Date of filing/registration in Florida | Florida de | ocument number | |
| The name of the registered agent and the registered agent and the registerent of State; | stered office address as shown or | the records of the Florida | |
| Corporation So | ervice Company | | |
| | Name | | |
| 1201 Hays Str | eet | | |
| | Address | 20 SE T | |
| Tallahassee, F | L 32301 | 22 S | |
| City | . State and Zip | T T | |
| 5. The name and Florida street address of the ne | wregistered agent and/or office: | 2022 SEP 23 SECHLARY TALLAHAS | |
| C T Corporation | on System | | |
| | Name | | |
| 1200 South Pi | ne Island Road | AM II: 02 OF STATE SEE, FL | |
| Florida street addre | ess (P.O. Box not acceptable) | | |
| Plantation | FL 33324 | 1 | |
| City | , State and Zip | | |
| 5. Such change(s) is/are effective when filed by | the Florida Department of State. | | |
| Varid (chr | | | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to

comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

C T Corporation by Kaity Toon, Asst Sec

Signature of Registered Agent

Filing Fee: \$35.00 Certified Copy (optional): \$52.50