## 0000009053

(F	Requestor's Name)
(F	Address)
(Å	Address)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
()	osiless charty Marile)
(0	Pocument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ling Officer:
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Office Use Only



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S. CHATHAM OCT 25 2025

PH 1:59

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	I2000000195				
	REFERENCE	:	080021 5050197				
	AUTHORIZATION	:	Egreblenan				
	COST LIMIT	:	\$ 25.00				
	<del></del>		<del></del>				
ORDER DATE :	October 19, 2023	}					
ORDER TIME :	10:14 AM						
ORDER NO. :	080021-088						
CUSTOMER NO:	5050197						
		- <del></del> -					
CHANGE OF AGENT							
NAME:	FOCUS FINANCE	E LL	С				
PLEASE RETURN	THE FOLLOWING AS	S PR	OOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY							
	<del>-</del>						

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

## 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	me of the limited liability company:	FOCUS FINANC	E, L.L.	C.		
2. (a)	1300 Sawgrass Corporate Parkway,		()	PO Box	PO Box 451899	
2. (u)	Principal office address of limited lial (Nate: MUST BE STREET AL		_ (	·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Sunrise, FL 33323		<del>-</del> -	Sunrise	FL 33345	
	07/31/2000			L000000	09053	
3.	Date of filing/registration in	Florida	4.		Document number	
5. (a)	Sandy P. Fay, Esq.					
	Registered Agent and Registered Office show Colodny Fass	vn on the records of th	e Florida	Dept. of S	tate:	
	Registered Office Address (MUST BE FI	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1401 NW 136th Avenue, Suite 200					
	Sunrise	33323			——————————————————————————————————————	
		, FL_			<del>-</del>	
(b)						
(0)	Enter name of NEW Registered Agent and/o	or NEW Registered (	Office ad	dress:	_	
	Corporation Service Company				Pi 1:59	
	NEW Registered Office Address:				<del></del>	
	1201 Hays Street				<u> </u>	
	Tallahassee	, FL_	32301		_	
change agent v was/we	or changes are made, the Florida street vill be identical. Or, in the case of a Fere authorized by an affirmative vote colles of organization or the operating a	et address of the re lorida limited liab of the members of	egistere sility co the lim	ed office a impany, it ited liabil	Florida, it is hereby confirmed that after the and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
	/s/ Jill Cilmi		Jill (	Cilmi, Aut	horized Person	
_	ture of a member or authorized representative				Printed or typed name of signee	
I herei proviși the obl to mere	by accept the appointment as registere ons of all statutes relative to the prope igations of my position as registered a ely reflect a change in the registered o	ed agent and agree er and complete p egent as provided effice address, I he	e to act erform for in C ereby co	in this ca ance of m Chapter 66 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
notified	d in writing of this charge.				ce Company	
Signatu	re of Registered Agent	Ami	M. Ca	sper, As	sst. Vice President	