(Requestor's Name) (Address)

(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

FILED

RECEIVED 2025 MAY 28 PH 4: 40 RECORDANIE A ORIDA

Office Use Only

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

. .

ACCOUNT NO.	:	12000000195	
REFERENCE	:	det la	
AUTHORIZATION	:		
COST LIMIT	:	\$ 25.00	
ORDER DATE : 05/28/25			
ORDER TIME :			
ORDER NO. :			
CUSTOMER NO:			

·· : *

CHANGE OF AGENT

NAME :

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY ___√ ___ PLAIN STAMPED COPY

CONTACT PERSON: shauna godbolt

EXAMINER'S INITIALS:

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.

			b)		
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		M	Mailing address of fimited liability company: (Note: MAY BE POST OFFICE BOX) ERSE BLVD.Attn:Corporate Governance	
	700 UNIVERSE BLVD.		700 UNIVE		
	JUNO BEACH, FL 33408		JUNO BEA	CH, FL 33408	
	04/11/2002		L02000008	692	
	Date of filing/registration in Florida	4.	ľ	Document number	
(a)					
	Registered Agent and Registered Office shown on the records of	of the Florid	la Dept. of State:		
	LEE, DAVID M				
	Registered Office Address (MUST BE FLORIDA STREE				
	700 UNIVERSE BLVD.			2021 TĂL	
	JUNO BEACH	-L_33408		FIL 2025 HAY 28 TALLAHASSE	
_				FILED 2025 MAY 28 PH 3: 47 TALLAHASSEE, FLORIDA	
b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	ddress:		
b)				PH 3: 47	
b)	Corporation Sonvice Company				
b)	Corporation Service Company			-	
b)	NEW Registered Office Address:			-	
b)					

/s/Jason Pear

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in Kriting of this change.

Jason Pear

Signature of Registered Agent (

Asst Vice President

the articles of organization or the operating agreement of the limited liability company.

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