L0300035813

(Requestor's Name)
(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:

Office Use Only



100401639321









To state

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

the second second second

ACCOUNT NO. : 120000000195 REFERENCE : 442341
ORDER DATE : February 8, 2023 ORDER TIME : 1:03 PM
ORDER 11ME : 1:03 PM ORDER NO. : 442341-005
CUSTOMER NO: 8334646
CHANGE OF AGENT
NAME: MOTPLANS.COM LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland EXT# EXAMINER:

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.

2. (a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	631 NE 45 ST		631 NE 4		
	OAKLAND PARK, FL 33334		OAKLAND PARK, FL 33334		
	09/19/2003		100000000000		
	Date of filing/registration in Florida	 ,	L0300003		
•	Date of timegregistration in Florida	4.		Document number	
. (a)	Registered Agent and Registered Office shown on the records MEYERS, MARK VP	of the Florid	a Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	
	631 NE 45 STREET			ZOZ3 FEB SEORE TALLA	
	OAKLAND PARK	33334 FL_			
(b)				ASSE	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office ad	ldress:	B-8 AMIO: 02	
	Corporation Service Company			02	
	NEW Registered Office Address:		_	_	
	1201 Hays Street			_	
	Tallahassee	32301			
the li	mited liability company is not organized under the I	aws of the	State of Flo	 orida, it is hereby confirmed that after the 	
as/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited for authorized by an affirmative vote of the members cles of organization or the operating agreement of the	nability co of the lim	mpany, it is lited liabilit	s hereby confirmed that the change(s) v company or as otherwise provided in	
s/ Man	t Hunt	Mat	Matt Hunt, Authorized Person		
O1 .	ure of a member or authorized representative of a member			Printed or typed name of signee	

Signature of Registered Agent
Grace E. Kirby. Asst. Vice President on behalf of Corporation Service Company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314