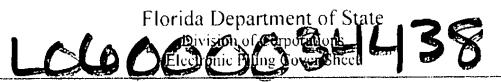
10/25/22, 11:42 AM

Division of Corporations



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## LLC REGISTERED AGENT CHANGE FLORIDA LIFTS LLC

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## 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. N	ame of the limited liability company: FLORIDA LIFT:	S LLC				
2. (a)	160 Greentree Dr., Suite 101	(b	(b) 160 Greentree Dr. Suite 101			
()	Principal office address of limited liability company: (Note: MUSTBE STREET ADDRESS)	\-		Mailing address of limited (Note: MAYBE POST		
	Dover, CO 19904		Dover, CO	· <u> </u>		<u> </u>
	03/30/2006		L060000344	138		
3.	Date of filing/registration in Florida	4.		Document number		-
5. (a)	Sabra, Douglas					
(b)	Registered Agent and Registered Office shown on the records of 1914 CORPORATE DR	f the Florida	····	- *:		
	Registered Office Address	<u>AUDKES:</u>	7			
	BOYNTON BEACH, FI	33426		-	2022 OCT 25	
	C T Corporation System			771 <del>-</del> 772 -	9CT	<u> </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			# # # # # # # # # # # # # # # # # # #		
	NEW Registered Office Address:	-		7		
	1200 South Pine Island Road					
	Plantation, FI	L_33324		-		
the ch agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the organization.	f the regi lability co of the lin e limited	stered office ompany, it is nited liability liability con	e and the business of s hereby confirmed th y company or as othe	nat the clarwise pr	ne registered hange(s) rovided in
Sign	ature of a member or authorized representative of a member		<del></del>	Printed or typed name of	l'signee	
provis the ob to mei	thy accept the appointment as registered agent and agesions of all statutes relative to the proper and completed igntions of my position as registered agent as provided rely reflect a change in the registered office address, I are in writing of this change.  C.T. Corporation System	e perjorn led for in hereby c	t in this cape acace of my Chapter 603 onfirm that i	acity. I further agree duties, and I am fami 5, F.S. Or, if this doc the limited liability c	to com liar with ument is ompany	ply with the h and accept heing filed has been
	ure of Registered Agent Denise Bell, Assistant Secretary	y				

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

To: