L07000033678

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

Office Use Only



500417582075

S CHATHAM
ULI LE 2023

277 1.25 ///10:55



CORPORATION SERVICE COMPANY

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

		ACCOUNT 1	NO. :	120	000000	195		
		REFERE	NCE :	085	95/	775065	29	
		AUTHORIZAT	ION :	\subset	Syrell	Remo	en	
	. 	COST LI	MIT :	\$ 2	5.00			
ORDER DA	ATE :	October 24,	2023					
ORDER TI	IME :	8:58 AM						
ORDER NO). :	085957-007						
CUSTOMER	ON ?	7506529						
			-			 -	-	
		CHANGE (OF AGE	<u>NT</u>				
	72 M	ENI COMPRE	202 02		0 110			
r	VAME:	FALCONBRII	JGE SEI	RVICE	S, LLC			
PLEASE F	RETURN	THE FOLLOWING	G AS PI	ROOF	OF FIL	ING:		
		TED COPY						
<u> </u>	PLIAIN	STAMPED COPY						
CONTACT	PERSON	: Eyliena Ba	aker -	- 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.

1. N	ame of the limited liability company: FALCONBRIDG	SE SERV	CES, LLC		
2. (a)	4600 TOUCHTON ROAD, BLDG. 100	(h	(b) 4600 TOUCHTON ROAD, BLDG. 100		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Ma	illing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	SUITE 500		SUITE 500		
	JACKSONVILLE, FL 32246		JACKSONV	/ILLE, FL 32246	
	03/29/2007		L070000336	578	
3.	Date of filing/registration in Florida	4.	D	ocument number	
5. (a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM		Dept. of State:	·	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS.	<u>1</u>		
	1200 SOUTH PINE ISLAND ROAD			20	
	PLANTATION	33324		ے در کی ن	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	Office add	lress:	5 67/10:55	
	Tallahassee FL	32301			
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability con of the limi	d office and t npany, it is he ted liability c	he business office of the registered ereby confirmed that the change(s) company or as otherwise provided in	
	seph DiCamillo	Jose	ph DiCamillo		
I here provisi the oblice to mero notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agri- ligations of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. Oco	performa I for in C Iereby co.	in this capaci	rinted or typed name of signee iv. I further agree to comply with the ies, and I am familiar with and accept I.S. Or, if this document is being filed I limited liability company has been	

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