| (Rec | questor's Name) | · |
|---------------------------|-------------------|-------------|
| (Ádo | dress) | |
| (Add | dress) | |
| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | <u>_</u> |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
| 2 | | |
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| | mils | ; • |

Office Use Only



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2024 DEC 18 KH 8: 19

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. | | T200000001 | Q 5 | | | | |
|------------------------|---|-----|---|------------|--|--|--|--|
| | | | | | | | | |
| | REFERENCE | : | 840068 | 7681421 | | | | |
| | AUTHORIZATION | : | () () () () () () () () () () | | | | | |
| | COST LIMIT | : | \$ 25.00 | - sandani | | | | |
| ORDER DATE : | December 16, 202 | 4 | - | | | | | |
| ORDER TIME : | 12:43 PM | | | | | | | |
| ORDER NO. : | 840068-080 | | | | | | | |
| CUSTOMER NO: | 7681421 | | | | | | | |
| <u>CHANGE OF AGENT</u> | | | | | | | | |
| NAME: | PAKIP, LLC | | | | | | | |
| CERTIF | THE FOLLOWING AS TIED COPY STAMPED COPY | PR(| OOF OF FILI | NG: | | | | |
| | J: Shauna Godbol | t | - 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.

| i . | Na | me of the limited liability company: PAKIP, LLC | | | | | | |
|---|------------------------|--|---|-------------------------------------|---|--|--|--|
| , | (a) | | (1 | b) | | | | |
| | (/ | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | -/ | Mailing address | of limited liab <i>BE POST OF</i> | | |
| | | 2813 S. HIAWASSEE RD. SUITE 101 | | 281 | 13 S. HIAWASSEE I | RD. SUITE | 101 | |
| | | ORLANDO, FL 32835 | | OR | LANDO, FL 32835 | | | |
| | | 06/18/2007 | | L07 | 000063547 | | | |
| 3. | | Date of filing/registration in Florida | - 4. | | Document no | umber | | |
| 5. | (a) | | | | | | | |
| J, | (4) | Registered Agent and Registered Office shown on the records of ASSURED COMPLIANCE SERVICES, LLC | f the Florid | a Dept | of State: | | | |
| Registered Office Address (MUST BE FLORIDA STREET A) 1615 WOODWARD STREET | | | ADDRES | DDRESS) | | TALLARI | | |
| | | ORLANDO FI | 32803 L | | | | 8 . | |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company | d Office ac | ddress: | | | El 8: 19 | |
| | | NEW Registered Office Address: | | | | | | |
| | | 1201 Hays Street | | | | | | |
| | | Tallahassee F | L_32301 | <u> </u> | | | | |
| ch ag wa | ange ent v is/we | imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the | e register iability co of the lin | ed off ompai nited | ice and the business y, it is hereby confiliability company or | s office of th irmed that th | ne registered ne change(s) | |
| _ | /s/ P | hilip K. Calandrino | Phi | lip K. | Calandrino, Authori | zed Person | | |
| - | Signa | ture of a member or authorized representative of a member | | • | Printed or type | d name of sigr | nee | |
| pro the to | ovisi e obl mere | by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change. | ree to act performed for in (hereby co | t in thi ance Chapt onfirn | is cupacity. I furthe of my duties, and I c er 605, F.S. Or, if t n that the limited lia | er agree to c um familiar his documen shility compo | comply with the with and accept on is being filed any has been | |
| Si | gnatu | Inaca CKubl re of Registered Agent G | RACE E | . KIR | BY, ASST. VICE P | RESIDENT | • | |