5/5/2021

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Division of Corporations

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<b>-</b>	 	 	 	-

## REGISTERED AGENT CHANGE ASA OF UNITED FLORIDA, LLC

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3/003

## 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) _						
ζ.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-/_		Mailing	address of li	imited liabili <i>POST OFFI</i>	y compar	-
	5401 S. Kirkman Road, Suite 640		54	101 S. K	irkman	Road, Suite	: 640		
	Orlando, Florido 32819	<del>-</del>	0	rlando, I	Florida	32819			
	11/10/2008		1.08	3000104	760		71. 038	2021 MAY	
3.	Date of filing/registration in Florida	4.		-	Docu	ment numb	Der F	خک	1.1
5. (a)	B&C Corporate Services of Central Florida, Inc.							-5 -7	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			te:		1884 1884 1884 1884			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_		. S.	PH 4: 51		
	390 North Orange Avenue, Suite 1400							<u> </u>	
	Orlando, FL	2801			<u> </u>		1''		
(b)	Anthony W. Palma								
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	office a	iddres	<u>s</u> :	_				
	NEW Registered Office Address:				_				
	390 North Orange Avenue, Suite 1400		·		_				
	Orlando , FL	2801							
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Elorida street address of the re vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of oyganization of the poerating agreement of the li	giste ility c the lir	red o compa mited	ffice an any, it is liabilit	d the b s hereb y com:	usiness off y confirme	fice of the .  cd that the	registere change(	ed s)
	GAM WILL	Λn	i Desi	hpande l	Manage	ľ			
Signal	ure of a member or authorized representative of a member				Printec	i or typed na	me of signee		
I herek provision the oblit to mere notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided j ify reflect a change in the registered office address, I he I in writing of this change.	to ac erforn for in reby c	ct in t nance Chap confir	his cape t of my e oter 605 m that	acity. I duties, F.S. the lim	l further as and I am f Or, if this ited liabili	gree to con amiliar wi document ty compan	iply with th and a is being v has be	h the eccept filed en

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Signature of Registered Agent