## LUGUEC: 46583

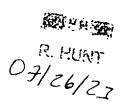
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	,
(0)	tyrotaterzipi/Hioric #	,
PICK-UP	<b>W</b> AIT	MAIL MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	-
Certified Copies	Certificates	of Status
	_	
Special Instructions to Fili	ng Officer;	

Office Use Only



300412854683

26 PH 4: 12



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 902645 8420596

AUTHORIZATION: CAMEDO CAMA

COST LIMIT : \$ 25.00

ORDER DATE : July 26, 2023

ORDER TIME : 12:37 PM

ORDER NO. : 902645-005

CUSTOMER NO: 8420596

CHANGE OF AGENT

NAME: ACOMB OSTENDORF & ASSOCIATES,

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- 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: ACOMB OSTE	NDORF	& ASSOCIA	ATES, LLC
			b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``	-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	906 Railroad Avenue		906 Raili	oad Avenue
	Winter Park, FL 32789		Winter P	ark, FL 32789
	05/13/2009		L0900004	6583
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (u)	Registered Agent and Registered Office shown on the records of OSTENDORF, MICHAEL	the Florid	a Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	- % . #
	906 Railroad Avenue			
	Winter Park FI	32789		26
(b)				
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			PH 1: 12  OF STATE STATE
	Corporation Service Company			
	NEW Registered Office Address:			<del>-</del>
	1201 Hays Street			_
	Tallahassee FI	32301		_
change agent v was/wa	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 cles of organization or the operating agreement of the	register ability co of the lin	ed office an ompany, it i nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
/5	Anu Pinni	Anu Pinni, Authorized Person		
I here provisi the obl to merc	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i d'in writing of this change.	ree to act perform d for in ( hereby c	t in this cap ance of my Chapter 602 onfirm that	Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
/s/	Grace E. Kirby re of Registered Agent	<u>Gra</u>	ice E. Kirb	v. Asst Vice President