

LO9000051403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

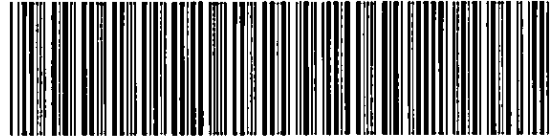
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2023 FEB 27 AM 10:35
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TALLAHASSEE, FL

FILED



2023 FEB 27 AM 11:25
ALLAHASSEE, FL

RECEIVED

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 524241 8336945

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : February 24, 2023

ORDER TIME : 8:18 AM

ORDER NO. : 524241-001

CUSTOMER NO: 8336945

CHANGE OF AGENT

NAME: AR CUSTOMER CARE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- 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. Name of the limited liability company: AR CUSTOMER CARE, LLC
2. (a) 160 FOUNTAIN PARKWAY N
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUITE 210
ST PETERSBURG, FL 33716
- (b) 160 FOUNTAIN PARKWAY N
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUITE 210
ST PETERSBURG, FL 33716

3. 06/11/2009 Date of filing/registration in Florida
4. L09000057403 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
GASTON, KATHLEEN P

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
160 FOUNTAIN PARKWAY N SUITE 210
ST PETERSBURG, FL 33716

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/Kathleen P Gaston Kathleen P Gaston, Authorized Person
Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

/s/Grace E. Kirby Grace E. Kirby, Asst Vice President
Signature of Registered Agent

2023 FEB 27 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FL
311 77D