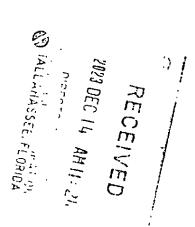
1090000 DQ 102

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
One sight have still as As Filling Officers					
Special Instructions to Filing Officer:					

Office Use Only



000420344130



CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195						
REFERENCE : 170093 8183052						
AUTHORIZATION:						
COST LIMIT : \$125.00						
·						
ORDER DATE : December 5, 2023						
ORDER TIME : 9:36 AM						
ORDER NO. : 170093-091						
CUSTOMER NO: 8183052						
·						
CHANGE OF AGENT						
<u>.</u>						
NAME: HERLYNCO, LLC						
DIEACE DETIDM THE BOLLOWING AC DROOF OF ETITMS.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker 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.	Na	ame of the limited liability company: HERLYNCO, LL	_C	
	(a)	4850 W OAKLAND PARK BLVD SUITE 118	(b	4010 W. Boy Scout Blvd, Suite 500
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		LAUDERDALE LAKES, FL 33313		Tampa, FL 33607
		11/12/2009	_	L09000109102
3.		Date of filing/registration in Florida	4.	Document number
5.	(a)	Registered Agent and Registered Office shown on the records of		
			the Florida	i Dept. of State:
		UPM Service Corp		
		Registered Office Address (MUST BE FLORIDA STREET)	<u>u</u>	
		1501 YAMATO ROAD SUITE 200 W		
		BOCA RATON	33431	
	(b)			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>dress</u> :
		Corporation Service Company		•
		NEW Registered Office Address:		
		1201 Hays Street		
		Tallahassee, FI_	32301	
ch ag wa	ange ent v is/we	imited liability company is not organized under the law 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	registered ability con of the limi	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
		/s/ Jill Cilmi	Jill C	Cilmi, Authorized Person
	Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
pro the to	ovisi 2 obl mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have the change of this change. Grace E. Kirby, Asst. Vice Presi	performa d for in C iereby coi	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been
슺	<u> </u>	re of Registered Agen	.aciit	

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