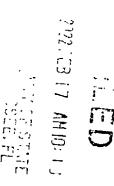
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 490597 8331191

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE: February 16, 2022

ORDER TIME : 8:26 AM

ORDER NO. : 490597-005

CUSTOMER NO: 8331191

## CHANGE OF AGENT

NAME: PROPERTY OWNERS PROTECTOR PLAN

PG, 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.

. Na	ime of the limited liability company:	/NERS	PROTECTO	OR PLAN PG, LLC
. (a)	816 Highway AIA, North	(b) P.O. Box 3140		
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Suite 206	,	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ponte Vedra Beach, FL 32082	_	Ponte Ve	edra Beach, FL 32004
	June 29, 2010		L1000006	9256
	Date of filing/registration in Florida	4.		Document number
(a)	Bushong, Charles			
(b)	Registered Agent and Registered Office shown on the records of a 816 Highway AlA, North		·	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 206			1022 -:
	Ponte Vedra Beach . FL	32082		- نن - نن نن انن
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  Corporation Service Company <u>NEW Registered Office Address</u> :			THE STATE OF THE PARTY OF THE P
	1201 Hays Street			
	mited liability company is not organized under the law or changes are made, the Florida street address of the	registere	d office an	d the business office of the registered
is/we	vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	f the lim	ited liabilit	y company or as otherwise provided in
	/S/ Unrisionner Norman			orman, Authorized Person
	ure of a member or authorized representative of a member			Printed or typed name of signee
ovisie 2 obli mere	ny accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I h I'in writing of this change.	e to act performa for in C ereby co	in this cape ince of my ( hapter 605 infirm that	acity. I further agree to comply with the duties, and I am familiar with and acceps. F.S. Or, if this document is being filed the limited liability company has been
	sen M. Basonie. c of Registered Agent			
	C DE REVINEIEN AVEIN			