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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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SECRETARY OF STATE

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FEB 0 3 2022.

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 453551 8369468

AUTHORIZATION : Simelle of man

COST LIMIT : '\$\25.00

ORDER DATE: February 1, 2022

ORDER TIME : 2:12 PM

ORDER NO. : 453551-005

CUSTOMER NO: 8369468

CHANGE OF AGENT

NAME: AVID PALM BEACH LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

(\ (\b)

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) | 1800 BERING DR | (| 1800 BE | ERING DR | | |
|--------------------------------|---|---|--|--|-------------------------------|--|
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | - - | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | Ste. 925 | | Ste. 925 | | | |
| | Houston, TX 77057 | | Houston | , TX 77057 | | |
| | 07/08/2010 | | L1000007 | 72049 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | | | | | | |
| | Registered Agent and Registered Office shown on the record | s of the Florid | a Dept, of Sta | nte: | | |
| | C T CORPORATION SYSTEM | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | 2022 | |
| | 1200 SOUTH PINE ISLAND ROAD | | | A E | 21.5 | e de la constante de la consta |
| | PLANTATION | 33324 | | HA ATA | - 837 | و ب |
| | | , F1, | | TARY | ~ | |
| (b) | | | | SEE | PH 12: | Ш |
| (-) | Enter name of NEW Registered Agent and/or NEW Registered | ered Office ac | dress: | | $\vec{\Sigma}$ | O |
| | | | | LTE | 33 | |
| | Corporation Service Company | | | _ | | |
| | NEW Registered Office Address: | | | | | |
| | 1201 Hays Street | | | <u></u> | | |
| | Tallahassee | . FL 32301 | | | | |
| change agent w was/we | mited liability company is not organized under the or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the membeoles of organization or the operating agreement of | the registered liability co rs of the lin | ed office ar impany, it i iited liabilii | nd the business office of the is hereby confirmed that the ty company or as otherwise | registe change | red e(s) |
| | /s/ Monica Molero | | | , Authorized Person | | |
| Signati | ure of a member or authorized representative of a member | | · | Printed or typed name of signee | | |
| I hereb provisio he obli | y accept the appointment as registered agent and one of all statutes relative to the proper and complete gations of my position as registered agent as provity reflect a change in the registered office address. | agree to act ete perform ided for in C | in this cap ance of my hapter 60: | acity. I further agree to con duties, and I am familiar wi 5. F.Ş Or. if this document | nply wi th and is being | ith the accept g filed |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company