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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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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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400411446074 5. CHATHAM 5. CHATHAM JUL 14 2023 JUL 14 2023

S. CHATHAM

2023 JUL 13 AH 11:17 RECEIVED CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Eyliena Baker -- EXT#

Phone: 850-558-1500

| | ACCOUNT NO. | : I200000 | 00195 | | | | | |
|-----------------|--------------------------------|--------------------------|---------|---|--|--|--|--|
| | REFERENCE | : 866024 | 8415576 | | | | | |
| | AUTHORIZATION | : 10 | 7 | | | | | |
| | COST LIMIT | : \$\begin{align*} 25.00 | dena | | | | | |
| ORDER DATE | : July 12, 2023 | | | | | | | |
| ORDER TIME | : 9:11 AM | | | | | | | |
| ORDER NO. | : 866024-011 | | | | | | | |
| CUSTOMER NO | : 8415576 | e. | | | | | | |
| | - - | | | · | | | | |
| CHANGE OF AGENT | | | | | | | | |
| | | | | | | | | |
| NAME | : ANDERSON LB I | NVESTORS, LI | LC | | | | | |
| | | | | | | | | |
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| PLEASE RETU | RN THE FOLLOWING AS | PROOF OF F | ILING: | | | | | |
| | FIFIED COPY IN STAMPED COPY | | | | | | | |
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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: ANDERSON L | B INVES | STOI | RS, LL(| C | |
|--|--|--|--------------------------------|---|--|--|
| | | | (h) | | | |
| 2. (11) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) | | | |
| | 2151 Central Avenue | | 2 | 2151 Ce | entral Avenue | |
| | St. Petersburg, FL 33713 | | 5 | St. Pete | ersburg, FL 33713 | |
| | 09/02/2010 | | L1 | 000009 | 92364 | |
| 3. | Date of filing/registration in Florida | — 4. | | | Document number | |
| 5. (a) | | | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records of | of the Flori | da De | ept. of St | | |
| | CT CORPORATION SYSTEM | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | T ADDRE. | SS) | | 202: | |
| | 1200 South Pine Island Road | | | | 2023 JUL | |
| | Plantation | 22224 | | | | |
| | | L_33324 | • | | _ 3 | |
| | | | | | PH 5: | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | ed Office : | ıddre | | _ 55 | |
| | | | | <u></u> , | 39 | |
| | Corporation Service Company | | | | | |
| | NEW Registered Office Address: | | | | _ | |
| | 1201 Hays Street | | | | | |
| | Tallahassee | ., 32301 | | | | |
| | , F | ·I | | | | |
| change agent v was/we the art | imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cless of organization or the operating agreement of the properties. | e registe liability of of the li- e limited | red o comp mited Hiab | office a pany, it d liabili ility co | ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. | |
| | tury of a member or authorized representative of a member | Jil — | ı Çıln | ni, Auth | norized Person | |
| - (| | moa to e | | thic ac | Printed or typed name of signee | |
| provisi the obl to mere | by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, l I in writing of this change. | gree to ac e perforn ed for in hereby c | et in nanc Cha confi | this cap e of my pter 60 rm thai | pacity. I further agree to comply with the adules, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been | |
| | maca t-Kubi, | | | | | |
| Signatu | re of Registered Agenh | | | | | |

Grace E. Kirby, Asst. Vice President
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00