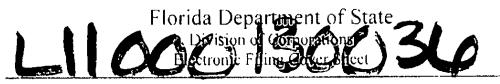
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Division of Corporations



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LLC REGISTERED AGENT CHANGE SENEFF IP MANAGEMENT, LLC

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AUG 3 0 2022

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	ame of the limited liability company: SENEFF IP MAN	NAGEN	AENT	T. LLC		
(a)	No Change		(b) No Change			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` · ·	``````````````````````````````````````	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		<u> </u>	-			
	11/15/2011	_	<u>L</u>	110001300		
	Date of filing/registration in Florida	4.			Document number	
(b)					-	
	Registered Agent and Registered Office shown on the records of	::				
	Registered Office Address				. 22	
	450 S ORANGE AVE				22.	
	ORLANDO ,FL 3280				106 2	
	C T Corporation System				2022 AUG 29 AM 1	
	Enter name of NEW Registered Agent and/or NEW Registered Office			<u>ess</u> :	2022 AUC 29 AH 10: 22	
	NEW Registered Office Address:		-		•	
	1200 South Pine Island Road				_	
	Plantation	33324	, ,			
e cha gent v as/wo	imited liability company is not organized under the landinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lierc authorized by an affirmative vote of the members dicles of organization or the operating agreement of the	f the re iability of the l e limite	egiste com limit ed lia	ered office apany, it is ed liability con	e and the business office of the register's hereby confirmed that the change(s) y company or as otherwise provided in apany.	
Signa	ture of a member of authorized representative of a member		<u> </u>	AVIS, MA	Printed or typed name of signee	
herci rovisi ne obl merc otilied	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change. C. T. Copposition System Will Halden assisted of the change.	ree to e perfo ed for i hereby	act ii rmai in Cl r con	n this cap nce of my napter 60, firm that	active I further goree to comply with th	

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

To:

Signature of Registered Agent