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(Cit	y/State/Zip/Phone	#)				
(Bu	siness Entity Nam	ie)				
(Dc	cument Number)					
Certified Copies	Certificates	of Status				
Special Instructions to	Filing Officer:					
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	Office Use On	ly				



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MAR 2 8 2023



ALLAHASSEE, 117 B

2023 MAR 27 PM 3: 32

DECEIVED

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

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ACCOUNT NO.	: I2000000195
REFERENCE	: 612516 8406105
AUTHORIZATION	Sprinkle pan
COST LIMIT	: \$ 35'.00

- ORDER DATE : March 27, 2023
- ORDER TIME : 2:19 PM
- ORDER NO. : 612516-060
- CUSTOMER NO: 8406105

CHANGE OF AGENT

NAME: MOBILE STORE OPERATORS, LLC

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

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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.

I. Na	me of the limited liability company:	LE STORE O	PERA	TORS, LLC			-	
2. (a)	$R00 \le DOUGLAS ROAD SUITE 450 800$			800 S. DOI	S. DOUGLAS ROAD SUITE 450			
2. (u)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	CORAL GABLES, FL 33134			CORAL GA	ABLES, FL 33134	1		
	11/30/2011			 L110001353	311			
3.	Date of filing/registration in Florid	la	4	C	Document numbe	r		
5. (a)	Registered Agent and Registered Office shown on the Cesar Gomez P.A.	e records of the	Florida	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 12001 sw 119 Street					2023 HAR 27		
	Miami	FL_ ³³	3186					
(b)	Enter name of NEW Registered Agent and/or NEW	'Registered Of	fice add	<u>ress:</u>			AN 10: 5	السرير. الموليات
	Corporation Service Company					i	·	
	<u>NEW</u> Registered Office Address: 1201 Hays Street							
	Tallahassee	FL	2301					
change agent v was/we	imited liability company is not organized un or changes are made, the Florida street adduvill be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the ucles of organization or the operating agreem	ress of the reg limited liabil members of th	gisteree lity cor he limi	l office and npany, it is l ted liability	the business offi- hereby confirmed company or as o	ce of tl 1 that t	he regis he chan	tered ge(s)
	/s/ Brett Beveridge		Brett	Beveridge,	Authorized Pers	on		
Signature of a member or authorized representative of a member				Printed or typed name of signee				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby, Asst. Vice President C-Kubi ſνσ Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00