	(Requestor's Name)				
	(Address)				
	(Address)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
	J DENNIS				
'SUL 1 4 2023					
<u> </u>					

Office Use Only



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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. N	ame of the limited liability company: ANDERSON V	/ICS INVES	TORS, LLC		
2. (a)					
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2151 Central Avenue		2151 Central Avenue		
	St. Petersburg, FL 33713		St. Petersburg, FL 33713		
	11/15/2012	l	12000144961		
3.	Date of filing/registration in Florida	4.	Document num	ber	
5. (a)					
J. (a.	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	of the Florida	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET		28 %		
	1200 South Pine Island Road			7.83 J	
	Plantation . F	L_33324		PEURE TARY CO	
				CORFORATION	
(b)				THE OR ST	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office add	<u>ress</u> :	AH 9: 57	
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	. 32301			
	F				
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members incress of organization or the operating agreement of the	e registered liability con of the limit	office and the business o pany, it is hereby confirned liability company or as	ffice of the registered ned that the change(s)	
	Lee E. Clenie	ill Cilmi, Authorized Person			
Sign	ature of a member or authorized representative of a member		Printed or typed n	name of signee	
provis the ob to mer notifie	rby 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 provided by reflect a change in the registered office address, I do in writing of this change.	gree to act i e performan ed for in CI hereby con	n this capacity. I further on the eof my duties, and I am apter 605, F.S. Or, if this firm that the limited liabi	agree to comply with the familiar with and accept s document is being filed lity company has been	
Signati Grace	Once CKubl ure of Registered Agent E. Kirby, Asst. Vice President				

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