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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107

Fax Number

: (561)214-8442

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## LLC REGISTERED AGENT CHANGE AFFINITY GROUP MANAGEMENT SERVICES, LLC

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AUG 1 6 2022

K. Brumble

## 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)	nme of the limited liability company: AFFINITY GI 9800 4th Street N		9800 4th Street N		
2. (u)	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 200		Ste 200	_	
	St Petersberg, FL 33702-2462		St Petersberg, FL 33702-2462		
	12/27/2012		L12000161329		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	GOLOMB, ERIC L				
J. (d.	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:		
	2645 Executive Park Drive				
	Registered Office Address	ADDRESS)	2		
	Ste 107				
	Weston, F	33331	1		
(b)	Corporate Creations Network Inc.	2022 AUG SECRETA FALL AHA			
	Enter name of NEW Registered Agent and/or NEW Registere	<u>d Office addi</u>		نڍ	
	801 US Highway 1		FILE SSEE	ででおり	
	NEW Registered Office Address:		PM 2:	177	
	North Palm Beach, F	<sub>L_33408</sub>	8		
ehang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered lability con of the limit	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in		
/s/ Caitlin Lazarus			Caitlin Lazarus, Attorney-in-Fact		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
I her provi the or to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, l ed in writing of this change.	gree to act i e performa ed for in Ci hereby coi	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been	e pt d	

Caitlin Lazarus, Special Secretary Signature of Registered Agent

/s/ Caitlin Lazarus