٠	 ۰.	,

13000032189

(Rec	uestor's Name)	
( ····	,,	
(Adc	lress)	<u> </u>
(Adc	Iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
	Office Use On	lv.



2023FEB 22 AH 9: 22



A. BURLE -

FEB 2 3 2023

## .

## CT CORP 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

Date:

02/22/2023

mir DW

Acc#I2016000072

Name:	Ease Applications, LLC
Document #:	
Order #:	14796235

Certified Copy of Arts	
& Amend:	
Plain Copy:	
Certificate of Good	
Standing:	
Certified Copy of	
Apostille/Notarial	Country of Destination:
Certification:	Number of Certs:

Filing:	Certified: 🖌	Email Address for Annual Report Notification
	Plain:	
	COGS:	

Availability	
Document	Amount: \$ 55.00
Examiner	
Updater	
Verifier	
W.P. Verifier	
Ref#	
	Thank you!

## 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.

I. N	ame of the limited liability company: Ease Application	s, I.LC						<u>_,</u>
2. (a)	315 E. ROBINSON STREET	()	315 E. ROI	BINSON	STREE	T		
. ()	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	(		-		imited liał <u>POST OF</u>	-	
	SUITE 325		SUITE 325					
	ORLANDO, FL 32801		ORLAND	), FL 328	801			<u> </u>
	03/04/2013		46-2255907					
3.	Date of filing/registration in Florida	4.		Docume	ent num	ber		
5. (a)	INCORPORATING SERVICES, LTD.							
(u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	:				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRES	<u>5)</u>				2	
	1540 GLENWAY DR					÷,	023	
	TALLAHASSEE, FI	,32301				;	2023 FEB	- 3225 v ⊈ sz 524
(b)	C T Corporation System					:	22	
(*)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	i Office ad	dress:			۰. من	NFI 9:	
						 *	$\sim$	
	NEW Registered Office Address:						$\sim$	
	1200 South Pine Island Road							
	Plantation, FI	33324						
the ch agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members bicles of organization or the operating agreement of the ature of a member or authorized topresentative of a member	f the regi iability c of the lin : limited	stered office ompany, it is nited liability	e and the s hereby y compa ipany. A	busine confirm ny or as Cul	ss office ned that	of the the cha ise prov וג ז	registered inge(s)
provis the ob to mer	by accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change. C T Corporation System	ree to ac e perforn ed for in hereby c	t in this capa aance of my o Chapter 605 confirm that a	acity. 1 duties, a , F.S. C the limit	further nd I am Dr, if thi ed liabi	agree to Familia s docum lity com	compl r with č ent is b pany h	y with the and accep leing filed as been

Signature of Registered Agent

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

SEAN L. EMERICK, ASSISTANT SECRETARY