7/7/22, 12:39 PM

Division of Corporations

Florida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 : (614)573-3996 Fax Number

**Enter the email address for this business entity to be used for futgine annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGENT CHANGE 1915 SOUTH DISTRIBUTION OF GULF COAST, LLC

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To:

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.

. (a)	No Change	(P) N	o Change		
. (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)		
	03/18/2013 Date of filing/registration in Florida	L13	000040927 Document number		
(a)	REGISTERED AGENT SOLUTIONS INC				
(4)	Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DR. Registered Office Address (MUST BE FLORIDA STREET & SUITE A				
	TALLAHASSEE	32301	SECRETALIAMA		
	C T Corporation System		HASS		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address	P. J. B. C.		
	NEW Registered Office Address:		2: 50		
	1200 South Pine Island Road				
	Plantation .FL	33324			
c cha cnt w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liams authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registere ability compa of the limited limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
Signat	use of a member or authorized representative of a member		Printed or typed name of signee		
ovișie e obli mere	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete intentions of my position as registered agent as provided by reflect a change in the registered office address, I have the component of this change. CT Corporation System	ee to act in t performance d for in Chap iereby confir iser-Assisact Soc	e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed on that the limited liability company has been		