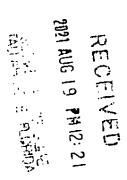
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(R	equestor's Name)					
(A	ddress)	-				
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(C	ity/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(B	usiness Entity Nam	e)				
(Document Number)						
Certified Copies	Certificates	of Status				
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AUG 20 2021 ALKRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Talinassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 968101 7239821

AUTHORIZATION

COST LIMIT 25.00

-----*\(\frac{\fracc}{\frace{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fracc}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fra*

ORDER DATE : August 18, 2021

ORDER TIME : 4:17 PM

ORDER NO. : 968101-005

CUSTOMER NO: 7239821

CHANGE OF AGENT

NAME: SHOFLO 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

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: SHOFLO LLC						
2. (a)		(b)				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	······ \	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)				
	1 South Orange Avenue Suite 300		1 South	Orange Avenue	Suite 300)	
	ORLANDO, FL 32801		ORLANDO, FL 32801				
	04/02/2013		L1300004	7905			
3.	Date of filing/registration in Florida	4.		Document nur	nber		
5. (a)							
5. (a)		of the Florid	a Dept, of Sta	 ite:			
	BOWLES, STEPHEN H		•				
	Registered Office Address (MUST BE FLORIDA STREET	- ADDRES	<u></u> <u>S)</u>	_		2(
	1 South Orange Avenue Suite 300				Ξ.	2021 AUS	
	ORLANDO . F	. 32801		_		6150	•
			-	_			
(b)				_	:	A	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ac	<u>ldress</u> :			AH 9:54	No.
	Corporation Service Company					t	
	NEW Registered Office Address:			_			
	1201 Hays Street			_			
	Tallahassee F	32301					
change agent was/w the art /s/_Wi /signa	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the limited last limited last last last last last last last last	e register iability co of the lin e limited : Wil	ed office ar ompany, it i nited liabilit liability cor liam J New	nd the business of is hereby confirmity company or a mpany. The printed or typed	office of the of	he regist he chang se provi	ered ge(s) ded in
provis the ob to mer	by 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 provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act e perform ed for in (hereby co	in this cap ance of my Chapter 602 onfirm that	acity. I further duties, and I an 5, F.S. Or, if the the limited liab	agree to o 1 familiar is docume ility comp	comply v with and nt is beil any has	vith the d accept ng filed been
	Inc. 2-Kubly Ire of Registered Agent						