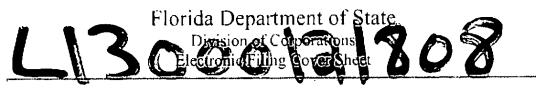
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Division of Corporations



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From:

Account Name : C T CORPORATION SYSTEM

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

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| にゅっする | Address:  |  |  |  |
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|       | MUUI ESS. |  |  |  |

## LLC REGISTERED AGENT CHANGE 1915 SOUTH OF ALBANY, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

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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.

| l. Na   | ame of the limited liability company: 1915 SOUTH OF  | ALBA?                          | IY, LLC                                      |   |
|---|--|--------------------------------|--|---|
| 2. (a)  | No Change  | (                              | b) No Chang                                  | g¢  |
| (w)   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  | _                              |  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |
| 3.  | 08/28/2013  Date of filing/registration in Florida   |                                | L13000121                                    | 808  Document number  |
| 5. (a)  | REGISTERED AGENT SOLUTIONS, INC.   |                                |  |   |
|   | Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DR.  Registered Office Address (MUST BE FLORIDA STREET A SUITE A   | 2022 JUL<br>SACKET             |  |   |
|   | TALLAHASSEE , FL   | 32301                          | ······································       |   |
| (b)   | C T Corporation System  Enter name of NEW Registered Agent and/or NEW Registered (   |                                | ldress:                                      | T PH I: 15  |
|   | NEW Registered Office Address:   |                                |  | <u> </u>  |
|   | 1200 South Pine Island Road  |                                |  | _   |
|   | Plantation, FL_  | 33324                          |  |   |
| the cha<br>agent v<br>was/wa                              | imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l  | the reg<br>bility of<br>the li | istered offic<br>ompany, it<br>nited liabili | is hereby confirmed that the change(s)  ty company or as otherwise provided in  |
|   | C.X  | CH                             | AD FITZGE                                    | RALD, CFO   |
| I here<br>provisi<br>the obl<br>to mer<br>notified<br>By: | ture of a member or authorized representative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided left reflect a change in the registered office address, I h d in writing of this change.  CT Corporation Systems (Line Services Agent)  Te of Registered Agent | erjori<br>for in<br>ereby      | nance of my<br>Chapter 60<br>confirm that    | Printed or typed name of signce pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been |