(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
J. HORNE					
JUL 15 2025					

Office Use Only



700454064967



To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 07/15/25 Order #: 4076858-1 Re: ANHA Hold LLC

Processing Method: Routine

### TO WHOM IT MAY CONCERN:

# Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: 12000000195

## Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# 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. Na	ame of the limited liability company:  ANHA HOLD Li	LC		
2. (a)		(	b)	
` ,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	<u> </u>	, <del></del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2400 CHEMIN LUCERNE STE 155		2400 C	HEMIN LUCERNE STE 155
	MONT ROYAL, QUEBEC H3R 2J8 CA	_	MONT	ROYAL, QUEBEC H3R 2J8 CA
	09/27/2013		L130001	136510
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of Sahaguian, Hamo	the Florid	a Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	 <u>S)</u>	<del></del>
	4785 BLOSSOM DRIVE			107
	DEL RAY BEACH . FI	33445		2025 JUL 13 Feb 10: 27
				Gi T
(b)	Enter name of NEW Registered Agent and/or NEW Registered	LOGGAN	ddwara	
	Enter name of NEW Registered Agent and/or NEW Registered	i Omce a	iaress:	9.
	Corporation Service Company			27
	NEW Registered Office Address:			<del></del>
	1201 Hays Street			_
	Tallahassee, FI	32301		<u> </u>
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an aftirmative vote of the members of the organization or the operating agreement of the	register ability co of the lin limited	ed office a ompany, it nited liabil liability co	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	/s/ Hampartzoum Sahaguian		Hampartzoum Sahaguian, Manager	
_	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and ago ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to ac perform d for in ( hereby c	t in this ca ance of m Chapter 61 onfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	re of Registered Agent Grace E. Kirby, Asst. Vice President on behalf of Corporation Se	rvice Com	pany	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00 COA-394198

ISHS18 (2/14)