## L14 000 114116

(Requestor's Name)					
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PICK-UP	WAIT	MAIL			
(Business Entity Name)					
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Certified Copies	_ Certificates	s or Status			
Special Instructions to	Filing Officer:				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: September 22, 2020

Order#: 432996/005

Re: PAXEN PUBLISHING, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$\$25.00.

Please take the following action:

Wilmington, DE 19808

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom c/o Corporation Service Company 251 Little Falls Drive

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

INCA.XCOA

## 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: PAXEN PUBLISH	iing,	LL	.C
2.	(a)	2194 HIGHWAY A1A		(b)	2194 HIGHWAY A1A
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		SUITE 208	_		SUITE 208
		INDIAN HARBOUR BEACH, FL 32937	_		INDIAN HARBOUR BEACH, FL 32937
		07/18/2014		L	_14000114116
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	Neukamm, Michael			
•	• ,	Registered Agent and Registered Office shown on the records of the 301 E. Pine Street	e Florio	da E	Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET AL	DRES	SS)	
		Suite 1400			
		Orlando 3	2801		<del></del>
		, FL,			<del></del>
	(b)	Enter name of NEW Registered Agent and/or NEW Registered O  Corporation Service Company  NEW Registered Office Address:	ffice a	ddr	ress:
		1201 Hays Street			
		120 Triays Greek			
		Tallahassee , FL 3.	2301		
age: was	nge nt w /we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabing authorized by an affirmative vote of the members of the seles of organization or the operating agreement of the line	gister ility co the lin	red om nite	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
/S/ Lindsey Alf		Lin	Lindsey Alf, Manager		
		ure of a member or authorized representative of a member			Printed or typed name of signee
the to n noti	obli iere fied	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per gations of my position as registered agent as provided for reflect a change in the registered office address, I here writing of this change.  The of Registered Agent Grace E, Kirby, Asst. Wice Presiden	rjorm or in ( eby c	t in land Che onf	n this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

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