114000119620

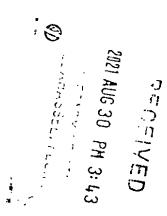
(Requestor's Name)					
(Address)					
(Address)					
	(City/State/Zip/Phone #)				
PICK-U	P WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer					

Office Use Only



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2021 ETC 30 AM 9: 50



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 1200000	000195	
	REFERENCE	: 973411	8350054	
	AUTHORIZATION	J.X		
-	COST LIMIT	: /\$\\\25.00	Cenan	
ORDER DATE	: August 24, 2021			
ORDER TIME	: 2:14 PM			
ORDER NO.	: 973411-004			
CUSTOMER NO	: 8350054			
	CHANGE OF A	<u>GENT</u>		
NAME	: FACB, LLC			
PLEASE RETU	RN THE FOLLOWING AS	PROOF OF F	FILING:	
	TIFIED COPY IN STAMPED COPY			
CONTACT PER	SON: Alexxis Weila	nd 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. Na	ame of the limited liability company: FACB, LLC			
2. (a)	• • • — — — — —			Collins Lane
~. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LOUISVILLE, KY 40245	_	LOUI	SVILLE, KY 40245
	07/30/2014		L1400	0119620
3.	Date of filing/registration in Florida CT Corporation	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of 1200 S. PINE ISLAND ROAD	the Florida	a Dept. of	'State:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	<u>S)</u>	
	PLANTATION, FL	33334		- Fry C
(b)	Corporation Service Company			M 9: 50 N OF STATE ASSEE, FL
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldress:	TE SO
	1201 Hays Street			
	NEW Registered Office Address:			
	Tallahassee , FL	32301		
change agent w was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co f the lim	ed office impany, nited lial	and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
/s/ Jill 0	Cilmi	Jill	Cilmi, A	uthorized Person
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provisio he obli o mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act perform I for in C ereby co	in this cance of i hapter onfirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
人 Signatur	The of Registered Agent E. Kirby, Asst. Vice President on behalf of Corporation	m Servia	re Com	nany

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