4000138809

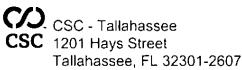
(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

Office Use Only



600441183586

2024 DEC 19 PM 2: 00 SECRETARY OF STATES 1.1)
TALLAHASSEF DEC 19 PH 12: 05



850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 12/18/24 Order #: 1723101-1

Re: OBF Investments, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

SECRETARY OF TALLAHASSET Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller 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.

I, Na	nne of the limited liability company:	MENTS,	LLC		
2. (a)	10100 Dr Martin Luther King Jr Street N		(b) 10100 Dr Martin Luther King Jr Street N		
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	• • •
	St. Petersburg, FL 33716		St. Peters	burg, FL 33716	
	August 15, 2014		L14000128	809	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	F & L Corp				20 S
). (a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept, of State	- ::	PA C
(b)	One Independent Drive				
	Registered Office Address (MUST BE FLORIDA STREET Suite 1300	ET ADDRE.	Florida Dept. of State: PRESS 2202		
	Jacksonville	. 3220	2	-	2024 DEC 19 PM 2: 00 SECRETARY OF STAT TALLAHASSEE, FL
	Enter name of NEW Registered Agent and/or NEW Register Corporation Service Company	red Office :	nddress:	-	
	NEW Registered Office Address:				
	1201 Hays Street			-	
	Tallahassee	FL_32301		_	
change igent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited are authorized by an aftirmative vote of the member cles of organization or the operating agreement of the	he registe liability of s of the li	red office and company, it is mited liability	I the business office thereby confirmed the company or as other	of the registered nat the change(s)
/s/	Martin Grable	M	artin Grable, A	Authorized Person	
Signa	ture of a member or authorized representative of a member			Printed or typed name o	f signee
provisi he obl to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	igree to a te perfori ded for in I hereby	ct in this capa nance of my a Chapter 605 confirm that t	icity. I further agree luties, and I am fami, , F.S. Or, if this doci he limited liability ca	to comply with the liar with and accept ument is being filed ompany has been
dino	sux M. Kockand				
oignaiu Lindse	re of Registered Agent v.M. Lockard, Asst. Vice President on behalf of Corporation Se	ervice Comr	anv		