## 14000138243

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee. FL 321

Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE : 553165 8343059

AUTHORIZATION : \$35-0 25.00

ACCOUNT NO. : I2000000195

ORDER DATE : July 16, 2024

ORDER TIME : 4:44 PM

ORDER NO. : 553165-002

CUSTOMER NO: 8343059

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## CHANGE OF AGENT

NAME: MILLER & MILLER DESIGN GROUP

LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- 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	me of the limited liability company:		_			
2.	(a)	C/O APG LLC		b)	C/O APG	LLC	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- \	υ,	, N	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	•
		ONE SOUTH STREET, SUITE 2550			ONE SOU	JTH STREET, SUITE 2550	
		BALTIMORE, MD 21202			BALTIMO	PRE, MD 21202	
		09/04/2014		L	.14000138	3243	
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)						
		Registered Agent and Registered Office shown on the records of the LAWN, RONALD KEITH	ne Florid	la I.	Dept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					<b>-</b>	
		5070 HIGHWAY A1A, SUITE 221				202 <b>4</b> [ĂĹĬ	
		VERO BEACH , FL	32963			2024 JUL 17 AMII: 46 TÄLLÄHÄSSEE, FLORIDA	Ti
						17	F-1-4
(	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ac	ddr	ress:	AM II: 46 EE, Florid	
					<del></del> -		<u> </u>
		Corporation Service Company				- 5 <b></b>	
		NEW Registered Office Address:					
		1201 Hays Street					
		Tallahassee, FL_	32301			_	
cha 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 roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility co the lin	ed om nit	l office and pany, it is ed liability	I the business office of the registers hereby confirmed that the change company or as otherwise provides	ed (s)
		/s/ Maureen L. Stewart	Ma	ure	een L. Stev	wart, Manager	
Si	gnat	are of a member or authorized representative of a member				Printed or typed name of signee	
pro the to n	visio obli tere	y accept the appointment as registered agent and agreens of all statutes relative to the proper and complete peations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act erform for in ( ereby c	t ir an Ch on	n this capa ace of my d apter 605, firm that th	wity. I further agree to comply wit luties, and I am familiar with and a , F.S. Or, if this document is being he limited liability company has be	h the sccept filed en
		e of Registered Agent					
Gra	ice	E. Kirby, Asst. Vice President Division of Corporations • P.O. Bo	ox 632°	7•	Tallahass	see, FL 32314	

**FILING FEE: \$25.00** 

553165-2

INHS18 (2/14)