L14000180805

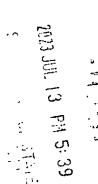
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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S. CHATHAM JUL 14 2023



023 JUL 13 AMII: I

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 866024 8415576							
AUTHORIZATION: Crone Bleman							
COST LIMIT : \$ (25.00							
ORDER DATE : July 12, 2023							
ORDER TIME : 9:12 AM							
ORDER NO. : 866024-013							
CUSTOMER NO: 8415576							
CHANGE OF AGENT							
NAME: ANDERSON LOCKER INVESTORS, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Eyliena Baker 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.

I. N	ame of the limited liability company: ANDERSON L	OCKER	INVES	STORS, LLC		
2. (a)			(h)			
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	2151 Central Avenue		215	1 Central Avenue		
	St. Petersburg, FL 33713	_	St.	Petersburg, FL 3371	13	
	11/21/2014		L14000180805			
3.	Date of filing/registration in Florida	4.		Document nu	ımber	
5. (a)						
` ,	Registered Agent and Registered Office shown on the records of	f the Flori	da Dept.	of State:	· ~	
	C T CORPORATION SYSTEM				7023 JUL 13	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION	33324				
		L_33324				
					PH 5: 39	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	rddens s		39 F	
	Tante hance of Naw Registered Agent and/or Naw Registere	.u Onice a	auditis.			
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street					
						
	Tallahassee	32301				
	· · · · · · · · · · · · · · · · · · ·					
	imited liability company is not organized under the la e or changes are made, the Florida street address of the					
agent v	will be identical. Or, in the case of a Florida limited I	iability o	ompan	ly, it is hereby confir	rmed that the change(s)	
was/w	ere authorized by an affirmative vote of the members ic(e) of organization or the operating agreement of the	of the li	mited I	iability company or	as otherwise provided in	
me am	Xie & COmi			Authorized Person		
Signa	ture of a member or authorized representative of a member				I name of signee	
I here provisi the obl to merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to a e perforn ed for in hereby (ct in thi nance c Chapte confirm	• •	-	
	Inc. 2-Kubi					
Signatu	re of Registered Agent					

Grace E. Kirby, Asst. Vice President
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)