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Da	ate:	08/08/2023	- w: DW
		Acc#I20160000072	41: () = W
Name:	TRUESHOP	RE BPO, LLC	
Document #:			
Order #:	15051667	-	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	
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Thank you!

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.	Name of the limited liability company:	BPO, LLC			
2. (a	500 West Main Street	(b) 500 V	(b) 500 West Main Street		
2. (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Louisville, KY 40202	Louis	ville, KY 40202		
	12/19/2014	L14000	0193293		
3.	Date of filing/registration in Florida MARIA RUFIN	4.	Document number		
5. (Registered Agent and Registered Office shown on the records of 1700 79Th St Causeway	# T			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 120		-8 PH		
	North Bay Village, I	7L	PH 1:2:		
(b	C T Corporation System		7		
(ι.	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office address:			
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation, I	:L_ ³³³²⁴			
the c agen was/	limited liability company is not organized under the hange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	of the registered of liability company s of the limited lia	office and the business office of the registered this hereby confirmed that the change(s) ability company or as otherwise provided in		
	Cm2-ld	JOSEPH M.	. RUSCHELL, MANAGER		
~	nature of a member or authorized representative of a member		Printed or typed name of signee		
prov. the o to me notif. By: S	reby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provide rely reflect a change in the registered office address, and writing of this change. C T Corporation System EAN L. EMERICK, ASSISTANT SECRETARY HAVE CHARGE AGENT.	te performance of ded for in Chapter I hereby confirm	f my duties, and I am familiar with and accept		

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* your 5 .