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MAR 1 0 2012 ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 532879 8371611

7X

AUTHORIZATION

COST LIMIT : V\$\Sigma \Sigma \sigma \cdot \sigma \sigma \cdot \sigma \sigma \cdot \sigma \sigma \cdot \sigma

ORDER DATE: March 8, 2022

ORDER TIME : 10:29 AM

ORDER NO. : 532879-009

CUSTOMER NO: 8371611

CHANGE OF AGENT

NAME: REDLINE SOUTHERN, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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.

1.	Name of the limited liability company:	UTHERN, LLC	
2. (a	6101 Carnegie Roulevard, Suite 455		
۷. (۵	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Charlotte, NC 28209		
	01/30/2015	L150	000018295
3.	Date of filing/registration in Florida	4.	Document number
5. (Steven A. Weinberg		
J. (a)	Registered Agent and Registered Office shown on the records of Frank, Weinberg & Black, P.L.	of the Florida Dept	of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	<u> 20</u>
	7805 S.W. 6th Court		72 7
	Plantation, F	33324	SLONG FAX TALLAHA
			<i>γ</i> ,
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address	OF STATE SEE, FL
	Corporation Service Company		1
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, F	32301	
chang agent was/s	e limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	aws of the State e registered off iability compar of the limited	e of Florida, it is hereby confirmed that after the fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	fill Cilmi		, Authorized Person
	nature of a member or authorized representative of a member		Printed or typed name of signee
provi the o to me	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provid arely reflect a change in the registered office address, I ted in writing of this chapge.	e performance ed for in Chapt hereby confirm	of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed n that the limited liability company has been
		-	ervice Company r, Asst. Vice President