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



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2023 KAS -9 MI 9: 35



A 100 (12.3) M/R 1.0 2023 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. : I2000000195 | |
|--------------|----------------------------|---|
| | REFERENCE : 557171 7840505 | |
| | AUTHORIZATION: Expellelena | |
| | COST LIMIT : \$ 25.00 | |
| ORDER DATE : | March 9, 2023 | |
| ORDER TIME : | 12:30 PM | |
| ORDER NO. : | 557171-005 | |
| CUSTOMER NO: | 7840505 | |
| | <u>CHANGE OF AGENT</u> | - |
| name : | CLD-BAD, LLC | |

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

| 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 | nme of the limited liability company: CLD-BAD, LLC | ; | | | | |
|--|--|---|---|---|-------------------------------------|--|
| 2. (a) | 226 Commodore Drive | | (b) c/o Charles L. Drury Jr. | | | |
| 2. (a) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) 13075 Manchester Road, Suite 100 | | | |
| | Jupiter, FL 33477 | | St. Louis, | MO 63131 | | |
| | December 31, 2015 | | L16000001 | 1216 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5 (a) | | | | | | |
| 5. (a) | Registered Agent and Registered Office shown on the records o | f the Florida | Dept. of State | - <u>*</u> : | | |
| | CT Corporation System | | • | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | | - | | |
| | 1200 South Pine Island Road | | | | | |
| | Plantation F | 33324 | _ | - | 7023 KAR | |
| | | | | _ | | |
| (b) | | | | _ | . 9 | |
| | Enter name of NEW Registered Agent and/or NEW Registere | | dress: | | 1 | |
| | Corporation Service Company | | | | | |
| | NEW Registered Office Address: | | | _ | ် လ က | |
| | 1201 Hays Street | | | - | | |
| | Tallahassee F | 132301 | | _ | | |
| change agent v was/w | imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited learn authorized by an affirmative vote of the members icles of organization or the operating agreement of the | e registere iability co of the lim : limited l | ed office and impany, it is lited liability iability com | d the business office s hereby confirmed to y company or as oth apany. | of the registered hat the change(s) | |
| /s | / Charles L. Drury, Jr. ture of a member or authorized representative of a member | - Cha | ines L. Drun | y, Jr Manager Printed or typed name | of ciange | |
| I here provisi the obi to mer notified | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is mixing of this change. | ree to act e performe ed for in C hereby co | in this capa mee of my a Japter 605, infirm that t | icity. I further agre | e to comply with the | |
| - Signatu - Lindse | ire of Registered Agent v.M. Baronie, Asst. Vice President on behalf of Corporation Serv | ice Compan | ıv | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00