L16000011008

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(223,1232 2,111, 113,113,113)						
(Document Number)						
Certified Copies Certificates of Status						
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ALLAMASSEE, FI

RECHIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : 612516 8406105 AUTHORIZATION : COST LIMIT : \$ 25.00						
ORDER DATE: March 27, 2023 ORDER TIME: 2:20 PM						
ORDER NO. : 612516-076 CUSTOMER NO: 8406105						
<u>CHANGE OF AGENT</u>						
NAME: THE RETAIL OUTSOURCE, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker EXT#						

EXAMINER:

SȚATEMENT 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. Na	ame of the limited liability company: THE RETAIL C	OUTSOURCE	, LLC		
2. (a)	800 S. DOUGLAS ROAD SUITE 450	Я	(b) 800 S. DOUGLAS ROAD SUITE 450 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	("/			
	CORAL GABLES, FL 33134	<u>C</u>	ORAL GABLES, FL	33134	
	04/90/0040		0000044000		
	01/20/2016		6000011008		
3.	Date of filing/registration in Florida	4.	Document r	number	
5. (a)	Registered Agent and Registered Office shown on the records o				
		f the Florida De	pt. of State:		
	Cesar Gomez P.A.				
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)			
	12001 sw 119 Street				
	Miami, F	33186 L		7023 KAR 27	
				ED RY OF SI	
(b)	Enter name of NEW Registered Agent and/or NEW Registere	1 ()(0011		AMIO: 19	
	Enter name of NEW Registered Agent and/or NEW Registere	a Omce addres	<u>ss</u> ;	E. F. TO:	
	Corporation Service Company			ATE 19	
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee, F	L_32301			
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered o iability comp of the limited	ffice and the busines any, it is hereby con I liability company o	ss office of the registered firmed that the change(s)	
	/s/ Brett Beveridge	Brett B	everidge, Authorized	Person	
Signa	ture of a member or authorized representative of a member		Printed or typ	ed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It is writing of this change.	ree to act in to performance od for in Chap hereby confi	his capacity. I furth e of my duties, and I oter 605, F.S. Or. if em that the limited li	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
	Oca C. Kuby Grace E. Kirby, Asst. Vice	President			
Signatu	re of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314