## 16000043554

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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A. BUTLER

JAN - 5 2023

CORPORATION SERVICE COMPANY 1201 Havs Street

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

ACCOUNT NO. : 12000000195							
REFERENCE : 297475 8297694							
AUTHORIZATION :							
COST LIMIT : \$ 25 00 Clade							
ORDER DATE : December 29, 2022							
ORDER TIME : 2:44 PM							
ORDER NO. : 297475-057							
CUSTOMER NO: 8297694							
CHANGE OF AGENT							
NAME: SCHEDULE APP, 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.

1. Na	une of the limited liability company:	P, LLC				
2. (a)	3101 W DR MLK JR BLVD	(t	1624 GF	REENBRIAR PLACE		
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		// <u> </u>	Mailing address of limited lia (Note: MAY BE POST O		
	SUITE 200		SUITE 20	00		
	TAMPA, FL 33607		OKLAHO	DMA CITY, OK 73159		
	03/03/2016		L1600004	13554		
3.	Date of filing/registration in Florida	4.	<del></del> -	Document number		
5. (a)	INCORP SERVICES, INC.					
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:		
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRESS	72	_	20	
	17888 67TH COURT NORTH				)23	
	LOXAHATCHEE FL	33470		- · · · · · · · · · · · · · · · · · · ·	777 § 1 2023 JAN -14	
					* <b>****</b> *	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:			
		·	<u> </u>	· 50 	ω	
	Corporation Service Company				. =	
	NEW Registered Office Address:			<del></del>		
	1201 Hays Street			_		
	Tallahassee FL	32301		_		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere bility co f the lim	d office an mpany, it i ited liabilit	nd the business office of s hereby confirmed that ty company or as otherw	the registered the change(s)	
				Jill Cilmi, Authorized Representative		
_	ure of a member or authorized representative of a member			Printed or typed name of si	~	
provisi the obli to mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I h I in writing of this change.	ee to act performa I for in C vereby co	in this cap ince of my hapter 605 infirm that	acity. I further agree to duties, and I am familia 5. F.S. Or, if this docum the limited liability com	comply with the r with and accept tent is being filed apany has been	
_	re of Registered Agent Kirby, Asst. Vice President					

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