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T. LEMIEUX OCT 2 1 2024

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	me of the limited liability company: HORIZON PARK I	NVES		 .			
2.	(a)	9999 E Exploration Court	(b	o)	9999 E Exploration Co.	ırt	_	
·		Principal office address of limited liability company: (Note: MUNT BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OF FICE BOX)				
		Sturtevant, WI 53177		- (Sturtevant, WI 53177			
		03/08/2016		L	.16000048397			
3.		Date of filing/registration in Florida	4.		Document i	number		
5. (a)	()	WOODS, WEIDENMILLER, MICHETTI, RUDNICK & G						
	(41)	Registered Agent and Registered Office shown on the records of the 9045 STRADA STELL COURT	Florida	ı D	lept of State.			
		Registered Office Address (MUST BE FLORIDA STREET AD 4TH FLOOR	<u>DRESS</u>	3)		2024 (
		NAPLES , FL. 38	110a)CT	77
	(b)	C T Corporation System			-	1888 1888 1989 1989	21 P	ED
		Enter name of NEW Registered Agent and/or NEW Registered Office address			5 5:	ALLAHASSEE, FL	2024 OCT 21 PH 6: 13	D
		NEW Registered Office Address:						
		1200 South Pine Island Road						
		Plantation 31	3324					
the age wa: the	char art w artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of the organization or the operating agreement of the limited.	ne regi: ility ec the lim mited l	ste oni iite lial	ered office and the bus pany, it is hereby con ed liability company of bility company. Christensens	siness office of firmed that the or as otherwis	of the a ne chan e prov	registered uge(s)
S	ignat	ure of a member or authorized representative of a member			Primed or typ	ed name of sign	ce	
pro the to i not By:	ovisie obli nere ified	ov accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete policitions of my position as registered agent as provided for reflect a change in the registered affice address. The CT Corporation System To the Registered Agent SCAIL EMERICS, ASSISTANT SCHATTARY	r to aci erform för in C reby c	t ir an h on	n this capacity. I furth we of my duties, and t apier 605, F.S. Or, if firm that the limited t	her agree to c am familiar This documer iability compo	omply with a at is be any he	with the nd accept wing filed in been