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| (Requestor's Name) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| (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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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. : 12000000195 | | | | | | | |
|------------------------|-----------------------------------|--|--|--|--|--|--|--|
| | REFERENCE : 252763 8361823 | | | | | | | |
| | AUTHORIZATION: Spulleleman | | | | | | | |
| | COST LIMIT : \$ 25-00 | | | | | | | |
| ORDER DATE : | November 17, 2021 | | | | | | | |
| ORDER TIME : | 10:05 AM | | | | | | | |
| ORDER NO. : | 252763-016 | | | | | | | |
| CUSTOMER NO: | 8361823 | | | | | | | |
| | | | | | | | | |
| <u>CHANGE OF AGENT</u> | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| NAME: | PDL FIVE LLC | | | | | | | |
| | | | | | | | | |
| PLEASE RETURN | THE FOLLOWING AS PROOF OF FILING: | | | | | | | |
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EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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.

| l. | Na | ame of the limited liability company: PDL FIVE LLC | | | | |
|--------------------|-----------------------|--|--|--|---|--|
| 2 | (a) | 2300 Marshpoint Rd Suite 202 | (b) 2300 Marshpoint Rd Suite 202 | | | |
| | \) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | | Neptune Beach, FL 32266 | _ | Neptune B | leach, FL 32266 | |
| | | 03/25/2016 | _ _ | L16000060 | 199 | |
| 3. | | Date of filing/registration in Florida | 4. |] | Document number | |
| 5. | (a) | CORPORATE CREATIONS NETWORK INC. | | | 70" | |
| | () | Registered Agent and Registered Office shown on the records of the Florida Dept. of State 801 US HIGHWAY 1 | | | TRZI NO 110 M 9: 57 | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | MUST BE FLORIDA STREET ADDRESS) | | | |
| | | NORTH PALM BEACH . FL | 33408 | | 9.5 | |
| | (b) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Corporation Service Company | Office ad | dress: | | |
| | | NEW Registered Office Address: | | | | |
| | | 1201 Hays Street | | | | |
| | | Tallahassee, FL_ | 32301 | | | |
| cha age was | nge nt w s/we | mited liability company is not organized under the laws or changes are made, the Florida street address of the raill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of the of organization or the operating agreement of the liab | registere pility co Tthe lim | ed office and impany, it is lited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in | |
| | /s/ Jii | Il Cilmi | Jill (| Cilmi, Vice Pi | resident | |
| Si | ignat | ure of a member or authorized representative of a member | | | Printed or typed name of signee | |
| pro the to n | visio obli nere | w accept the appointment as registered agent and agreous of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change. | e to act performa for in C creby co | in this capac ince of my di Thapter 605, infirm that th | city. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed to limited liability company has been | |
| Sig | natur | LNACO CKUDI e of Registered Agent | G | race E. Kirby | . Asst. Vice President | |