| LLCOOD | 096137 |
|---|--|
| (Requestor's Name) (Address) | 100437629461 |
| (City/State/Zip/Phone #) | FILED 2024 OCT 14 PM 8: 43 SECRETARY OF STATE TALLAHASSEE, FL |
| Special Instructions to Filing Officer: | |

Office Use Only







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

| | ACCOUNT NO. | : | 1200000001 | 95 |
|--------------|-----------------|---|------------|---------|
| | REFERENCE | : | 679775 | 8464279 |
| | AUTHORIZATION | : | | the as |
| | COST LIMIT | : | \$ 25.00 | a ceran |
| | | | | |
| ORDER DATE : | October 7, 2024 | | | |
| ORDER TIME : | 10:19 AM | | | |
| ORDER NO. : | 679775-001 | | | |
| CUSTOMER NO: | 8464279 | | | |
| | | | | |

CHANGE OF AGENT

NAME: BMI ASSOCIATES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt -- 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.

| l. Na | me of the limited liability company: BMI ASSOCI | ATES, LLC | |
|--------|---|---------------------|--|
| | | | >) |
| () | Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) | · | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>) |
| | 4030 W Boy Scout Blvd Ste 925 | | 4030 W Boy Scout Blvd Ste 925 |
| | Tampa, FL 33607 | | Tampa, FL 33607 |
| | 05/17/2016 | | L16000096137 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records | | |
| | Registered Agent and Registered Office shown on the records REEVES, MICHAEL J | of the Florid | a Dept. of State: |
| | Registered Office Address <u>(MUST BE FLORIDA STREE</u> 101 E. KENNEDY BOULEVARD SUITE 2700 | T ADDRES! | <u>й</u> |
| | ТАМРА | FL_33602 | |
| (b) | | | |
| (,, | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | red Office ad | |
| | Corporation Service Company | | |
| | NEW Registered Office Address; | | |
| | 1201 Hays Street | | STATE E. FL |
| | Tallahassee | FL ³²³⁰¹ | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

| /s/ John Moore | John Moore, Authorized Person | | |
|---|---|--|--|
| Signature of a member or authorized representative of a | a member Printed or typed name of signee | | |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper the obligations of my position as registered age to merely reflect a change in the registered offic notified in writing of this change. | agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and accept int as provided for in Chapter 605, F.S. Or, if this document is being filed ce address. I hereby confirm that the limited liability company has been | | |
| M. Artichi | | | |

Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 679775