## 117000153642

	(Requestor	s Name)	
	(Address)	······································	<u>-</u>
	(Address)		
	(,		
	(City/State/	Zip/Phone #)	
PICK-UP		WAIT	MAIL
	(Business E	ntity Name)	
	(Document	Number	
	(Bocoment	rramber,	
Certified Copies	_	Certificates of S	Status
Special Instructions to	Filing Offic	er:	
	J		
		<u></u>	





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2022 SEP 19 AM 11: 16

2022 SEP 19 AM 9:

A. BUTLER SEP 20 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	1200000019	95			
	REFERENCE	:	960279	4371937			
	AUTHORIZATION	:	Lack 36	enda.			
	COST LIMIT	:	\$ 25.00	C ROS SILVER			
ORDER DATE : S	eptember 16, 202	22					
ORDER TIME :	9:17 AM						
ORDER NO. : 9	60279-010						
CUSTOMER NO:	4371937						
				• • •			
CHANGE OF AGENT							
NAME: NATURALISTIX LLC							
PLEASE RETURN T		PRO	OOF OF FILIN	NG:			
CONTACT PERSON:	Alexxis Weilar	nd -	·- 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	nme of the limited liability company: NATURALIST	TIX LLC						
7	(a)	5455 NORTH FEDERAL HIGHWAY		(b) 5455 NORTH FEDERAL HIGHWAY				.Y	
÷.	(4)	Principal office address of limited fiability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)					
		STE O			STE O				
		BOCA RATON, FL 33487			BOCA R	ATON, FL 3348	7		
		06/19/2017		l	_1700013	3642			
3.		Date of filing/registration in Florida	4.	_		Document nun	nber		
5.	(a)								
	()	Registered Agent and Registered Office shown on the records	of the Flo	orida	Dept. of Sta	nte:			
		FURMAN, ADAM							
		Registered Office Address (MUST BE FLORIDA STREE	TADDR	ESS)		<del>_</del>			
		5455 NORTH FEDERAL HIGHWAY STE 0							
		BOCA RATON	FL_3348	37		_	57	202	
								2022 SEP 19	
	(b)	N. C.				_	> 1	<del>-</del> -5	بار مدين الاستانية
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Uffic	e add	ress:				
		Corporation Service Company				_	SEE SEE	AM 9: 14	
		NEW Registered Office Address:						بو	_
		1201 Hays Street				<del></del>	rr)	£	
		Tallahassee	5230 FL_	)1					
cha age wa	ange ent v s/wo	imited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the	he regis liability s of the	tereo / con limi	l office ar npany, it i ted liabili	nd the business o is hereby confirm ty company or a	office of the ned that th	e regis e chan	tered ge(s)
		/s/Michelsa Calderon	ı	Mich	elsa Cald	eron, Authorized	l Person		
	ignat	ture of a member or authorized representative of a member	_			Printed or typed r	name of sign	ee	
pro the to t	visi obli nere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address, I'in writing of this change.	gree to te perfo led for i I hereb	act i rmai in Cl v cor	n this cap ace of my apter 60. afirm that	pacity. I further duties, and I am 5, F.S. Or, if thi the limited liabi	agree to co familiar v s documen lity compa	omply vith an it is bei my has	with the d accept ing filed heen
		s/Grace E. Kirby	9	Grac	e E. Kirby	v, Asst Vice Pre	<u>sident</u>		
Sic	matu	re of Registered Agent							