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To:		
	Division of Corporations	
	Fax Number : (850)617-6383	
	2 /	\$ <u>\$</u>
From:	C BV	Y OF
71 0	Account Name : TRIPP SCOTT, P.A.	
	Account Number : 075350000055	E S
	Phone : (954)525-7500	그 :
	Fax Number : (954)761-8475	H
	(337) TO	
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LLC REGISTERED AGENT CHANGE NUCO CITRUS, LLC

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C. BRUMBLEY

OCT 19 2022

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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 Statutas, 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 N	ame of the limited liability company: NUCO CITRU	IS, LLC		—,,,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-			
			/h)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE HOX)				
	20 S SWINTON AVE						
	DELRAY BEACH, FL 33444			DELRAY BEACH, F.	LRAY BEACH, Ft. 33444		
	AUGUST 11, 2017		L	.17000171599			
3.	Date of filing/registration in Florida	4.	_	Document	Cnumber	·	
s /a\							
). (B)	Registered Agent and Registered Office shown on the records	of the Blow	lela f	David of Prints	S ~		
	UNITED STATES CORPORATION AGENTS, INC.	or tile Field	ius i	opt. or state;	2022 OCT 18 SECRETAKI TALLAHA		
				ملت			
	RugIstered Office Address (MUST BE FLORIDA STREET ADDRESS)				CT 18 ETAKY LAHAS	<u> </u>	
	13302 WINDING OAK COURT A				88 8 8		
	TAMPA				AR SEE	ill.	
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(1.)					9:4 STATI E.FL		
(b)	Enter mane of NEW Registered Agent and/or NEW Register	nd Office o			H H		
	THE STATE OF THE S	en estilee i	BILLET	334.			
	TRIPP SCOTT, PA						
	NEW Registered Office Address:						
	ATTN: MARIANNA R. SEILER, ESQ.; 110 SE 6TH 5	ST. 15TH	FL				
	FORT LAUDERDALE	22301					
	FORT LAUDERDALB , 1	433301		-			
nange gent w ats/wei	nited liability company is not organized under the light or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited is authorized by an affirmative vote of the members less of organization on the operating agreement of the AAAIAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	ie register lability c of the lir e limited	red om nite liat	office and the busine pany, it is hereby con ad liability company.	ass office of the reginfirmed that the cha or as otherwise pro-	steræl ngo(\$) zided in	
Signati	re of a fromber or nulhorized representative of a member		ped name of signee	Wania			
_		man to co				tati an	
ne oblin merel ovined	vaccept the appointment as registered agent and as no of all statutes relative to the proper and complete gations of my position as registered agent as providing reflect a change in the registered office address. It is writing of this change.						

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