L18000013343

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-U	
	(Business Entity Name)
	(Document Number)
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11/12/21--01030 -008 (****03.00



C. BRUMBLEY NOV 30 2021



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.

I. N	ame of the limited liability company:	ULL, 1					
2. (a)			(b)				
	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 BOX</u>) 1720 HARRISON STREET, 17TH FLOOR				
	1720 HARRISON STREET, 17TH FLOOR						
	HOLLYWOOD, FLORIDA 33020	HOLLYWOOD, FLORIDA 33020					
	January 16, 2018		L18000013	343			
3.	Date of filing/registration in Florida	4.	<u> </u>	Document number			
5. (a)				-			
	Registered Agent and Registered Office shown on the records of the STEVE FUSILIER	ne Flori	da Dept. of Stat	le: , ⁻	2021 NOV 12		
	Registered Office Address (MUST BE FLORIDA STREET A		NON				
	7272 HARMONY SQUARE DRIVE			· .			
	HARMONY, FL 34773, FL			;			
(b)	ETAL MEHABER			-		D	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	mice s	iddress:			2	
	1720 HARRISON 57	REC	=T				
	NEW Registered Office Address:			_			
	SUITE 17A			-			
	<u>HOLLY WOOD</u> , FL	3	3020	_			
change agent v was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida fimited liat ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	s of th registe bility c the lin imited	e State of Flo red office and company, it is mited liability liability corr	d the business office s hereby confirmed t y company or as oth apany.	onfirmed the e of the regi that the cha herwise pro-	it after the stered nge(s) vided in	
		EY	'AL MEHABI	ER Printed or typed name	of cianus		
	ture of a prember or puthorized representative of a member	a to a	t in this age	in I found an array		with the	
rovisi he obl o mer	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided fly reflect a change in the registered office address, I he i in writing of this change.	e to ac crforn for in creby c	ci in this cape nance of my e Chapter 605 confirm that i	dents, 1 further dere duties, and 1 am fam , F.S. Or, if this doc the limited liability o	e to comply ulliar with a cument is b company ho	nd accept nd accept eing filed is been	
Signatu	re of Registered Agent						

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