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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

REFERENCE: 931363 8183244

AUTHORIZATION :

COST EIMIT : C\$725.00

ORDER DATE : August 10, 2023

ORDER TIME : 7:36 AM

ORDER NO. : 931363-005

CUSTOMER NO: 8183244

CHANGE OF AGENT

NAME: L3 CAMPUS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- 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. N	ame of the limited liability company: L3 CAMPUS, LI	LC _					
			b)				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)				my:	
	1691 MICHIGAN AVE #445		1691 MIC	CHIGAN AVE #4	145		
	MIAMI BEACH, FL 33139		МІАМІ ВІ	EACH, FL 3313	9		
	04/26/2018		L1800010	1772			
3.	Date of filing/registration in Florida	- 4.		Document num	nber		
5. (a)							
J. (a)	Registered Agent and Registered Office shown on the records of	the Floric	la Dept. of Sta	te:			
	SALVESEN, PAUL						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>S)</u>	_			
	1201 HAYS STREET						
	TALLAHASSEE	32301		_			
	FI.			_		~ ~	
(b)					:	2023 ñ.UG	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ldress:	_		n: Si	
							2 g
	Corporation Service Company					 D	
	NEW Registered Office Address:					PH	£ ;
	1201 Hays Street			_	1	\ddot{arphi}	قسد.
					* /-	80	
	Tallahassee , FI.	32301					
change agent v was/we	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin	ed office an ompany, it is nited liabilit	d the business o s hereby confirm sy company or as	office of t ned that	the register the change	red e(s)
	/s/ Paul Salvesen,						
Signa	ture of a member or authorized representative of a member			Printed or typed r	name of sig	gnee	
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address. If it in writing of this change.	ee to ac perform I for in (iereby c	t in this capt ance of my c Chapter 605 onfirm that	acity. I further of duties, and I am 5, F.S. Or, if thi, the limited liabi	agree to familians docume lity comp	comply wi with and ent is being pany has b	th the accept g filed eeen
·	/s/ Grace E. Kirby	(Grace E. Ki	irby, Asst Vice	Preside	ent	
	re of Registered Agent			•			