L18000144053

(Requestor's Name)						
(Address)						
(nucless)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Configuration of Change						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
Special mendenone to 1 mily Smeet.						

Office Use Only



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2022 AUG -8 AH 9: 12 Secretariof of State Tallayasser ei



A. BUTLER AUG - 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000	00195					
	REFERENCE	:	869808	1					
	AUTHORIZATION	:	Squelle	Lessen					
	COST LIMIT	:	\$ 25.00						
ORDER DATE :	August 8, 2022								
ORDER TIME :	1:30 PM								
ORDER NO. :	869808-010								
CUSTOMER NO:	8372273								
CHANGE OF AGENT									
NAME:	LITHIARX, LLC								
CERTIF	THE FOLLOWING AS TED COPY STAMPED COPY	PR	OOF OF FI	LING:					

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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	me of the limited liability company: LITHIARX, LLC			
2.	(a)		((b)	b)
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		` /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		1990 MAIN STREET SUITE 750			1990 MAIN STREET SUITE 750
		SARASOTA, FL 34236			SARASOTA, FL 34236
		06/12/2018		l	L18000144053
3.		Date of filing/registration in Florida	4.	_	Document number
5.	(a)	Registered Agent and Registered Office shown on the records o			
		Registered Agent and Registered Office shown on the records o CT Corporation System	t'the Florid	da I	a Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET	ADDRES	 5S)	<u> </u>
1200 South Pine Island Road					2022 AUG SECRETA TALLA
		Plantation, F	L_33324		-8 -9 US -8
	(b)			dd	
		NEW Registered Office Address:			
		1201 Hays Street			.
		Tallahassee F	32301 L		
cha age wa the	ange ent w s/we a ti	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members des of organization or the operating agreement of the	e register iability c of the line limited	rec on nit lia	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. Cilmi, Authorized Person
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to i	ovisi obli nere	on writing of this change.	ree to ac perforn ed for in hereby c	a i nar Cl eor	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Sig	natui	e of Registered Agent	<u>C</u>	ira	race E. Kirby, Asst Vice President