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	(Requestor's Name)			
(Address)				
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	(City/State/Zip/Phone #)			
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PICK-UP	WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
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SECRETARY OF STATE

FILED 2024 MAR 22 AM 8: 11

DIACCTORY DEFICE DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

RECEIVED
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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 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	ame of the limited liability company: HERMAN FAMI	LY HOLDI	NGS LLC		
2. (a)	C/O LIFT, INC., 3745 HEMPLAND ROAD MOUNTVILLE, PA 17554	(b)	C/O SAGEWORTH, 1861 SANTA BARBARA DRIVE LANCASTER, PA 17601		
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	09/26/2018		8000227808		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	CORPORATION SERVICE COMPANY				
	Registered Agent and Registered Office shown on the records of				
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRESS)</u>	FILED AR 22 AF		
	1201 HAYS STREET				
	TALLAHASSEE FI	32301			
(b)	C T Corporation System				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office addr	ress:		
	NEW Registered Office Address:				
	1200 South Pine Island Road				
	Plantation, F	L_33324			
the chagent	limited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members atology organization or the operating agreement of the	iability cor of the limi	npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in		
	ald G. Herman		Donald G. Herman		
	FRESCOR Simember or authorized representative of a member		Printed or typed name of signee		
provi the o to me	weby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid wely reflect a change in the registered office address, a ied in writing of this change.	led for in C I hereby co	hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		
By:	CT Corporation System Sunda Figet.	Sandra Zw	ijack, Assistant Secretary		

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