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Account Number: 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

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LLC REGISTERED AGENT CHANGE RAFELSON SCHICK PLLC

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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. N	ame of the limited liability company: RAFELSON SCI	HICK PLLC			
2. (a)	8401 Lake Worth Road	(b) _	(b) 8401 Lake Worth Road		
- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			of limited liability company: BE POST OFFICE BOX)	
	Suite 230		Suite 230		
	Lake Worth, FL 33467		L18000228039		
	09/25/2018	Li			
3. 5. (a)	Date of filing/registration in Florida SCHICK, JEFFREY P. ESQ	4.	Document nu	ımber	
J. (a)	Registered Agent and Registered Office shown on the records of 8401 Lake Worth Road	f the Florida D	ept, of State:		
	Registered Office Address (MUST BE FLORIDA STREET Suite 230	ADDRESS)			
(b)	Lake Worth, FI	L33467		202	
	Corporate Creations Network Inc.			JUN I	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	<u>PSS</u> :	FILED 124 P *Kt © *SSEC	
	801 US Highway 1			FILED 2021 JUN 24 PM 12: 48 2021 JUN 24 PM 12: 48 2021 JUN 24 PM 12: 48	
	NEW Registered Office Address:			08.03. 08.23. 12.4. 69 15.1. 15.1.	
	North Palm Beach , F	L 33408			
chang agent was/w	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registered iability com of the limite	office and the business pany, it is hereby confi ed liability company or	s office of the registered irmed that the change(s)	
Z	all M	Laurer	Lauren Underwood, Attorney-in-Fact		
_	ature of a member or authorized representative of a member			ed name of signee	
provis the ob- to med	eby accept the appointment as registered agent and ag vions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change.	gree to act in e performan ed for in Ch hereby con	this capacity. I furthe ce of my duties, and I c apter 605, F.S. Or. if t firm that the limited lid	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
1	Lauren Underwood, Special Se ure of Registered Agent	cretary			