Ťo;	10/8/24, 11:26 AM	Page 2 cf 3	2024-10-08 08:50:38 PDT Division of Corpore	19548277645 ations	From [,] Keity Toon
			Florida Department of S Division of Corporations Electronic Filing Cover She rint this page and use tras a cover shee a below) on the top and bottom of all page	eet	
			(((H240003388533)))		
			H240003388533ABC3		
		Note: DO NOT	hit the REFRESH/RELOAD button on y Doing so will generate another cove		nage.
		Fax From: Acc Acc Pho Fax	Number : (614)573-3996	ions 0)617-6383 CORPORATION SYSTEM 000000023 4)280-3338	
		annual	report mailings. Enter only one email		
	RECENED Stat OCT - 8 PH 2: 0	SSEE. FLORIDA	ddress: LLC REGISTERED AGENT CI BRANDMINDED, LLC Certificate of Status Certified Copy Page Count Estimated Charge	0 1 02 \$55.00 M. SC	DLOMON - 9 2024
	I	Electronic Filin	g Menu — Corporate Filing Menu	Help	

To:

....

....

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 understigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

. Na	me of the limited liability company:	D. H.C				
. (a)		(b)			
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		(b)			
	600 S. Magnolia Ave, Suite 250		600 S. Magnolia Ave	Suite 250		
	Tampa, F1. 33606	_	Tampa, FL 33606			
	09/26/2018		L18000229100			
	Date of filing/registration in Florida	- 4.	Documen	t number		
(a)	Sanchez, Robert C, PA					
	Registered Agent and Registered Office shown on the records of Registered Office Address <u>(MUST BE FLORIDA STREET</u> , 10606 NW, 53RD Terrace					
	Gainesville, FL	32653		56014 OCT -8		
(b)	C T Corporation System					
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	tress:	PH 3: 5		
	<u>NEW</u> Registered Office Address:		רט ידי			
	1200 South Pine Island Road					
		Plantation, FL				

/s/ Samuel R. Scout

Saniael R. Scott

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By: C T Corporation System J. Jone

Signature of a member or authorized representative of a member

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, F1, 32314 FILING FEE: \$25.00