## L18000243838

(Re	questor's Name)						
(Address)							
(Address)							
(Cit	y/State/Zip/Phone	÷ #)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	of Status					
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S. CHATHAM JUL 14 2023

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO. : 12000000195	
	REFERENCE : 866024 8415576	
	AUTHORIZATION: Commence of the	
	COST LIMIT : \$ 25.00	
ORDER DATE :	July 12, 2023	
ORDER TIME :	9:10 AM	
ORDER NO. :	866024-007	
CUSTOMER NO:	8415576	
	CHANGE OF AGENT	
NAME:	ANDERSON FSBL DIRECT INVESTORS, LLC	

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- 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. Na	ame of the limited liability company: ANDERSON F	SBL DIF	RECT INVES	STORS, LLC	
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	·		Mailing address of I	imited liability company: POST OFFICE BOX)
	2151 Central Avenue		2151 Ce	entral Avenue	
	St. Petersburg, FL 33713		St. Peter	rsburg, FL 33713	
	10/16/2018		L1800024	13838	
3.	Date of filing/registration in Florida	4.		Document num	ber
5. (a)					
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	<del></del> ate:	
	CT CORPORATION SYSTEM		•		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>		
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	33324			2023 JUL 13 PH 5: 39 SILL (13 PH 5: 39
	PLANTATION FI			_	JUL
(b)					— ====================================
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	_	ω
	Corporation Service Company			_	St. St.
	NEW Registered Office Address:				/ii 99
	1201 Hays Street			_	
	Tallahassee	32301			
change agent v was/wa	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of the organization or the operating agreement of the	register ability c of the lin	red office at ompany, it nited liabili	nd the business of is hereby confirm ity company or as	fice of the registered led that the change(s)
	Xie E. almi	Jill	Jill Cilmi, Authorized Person		
Signa	pare of a member or authorized representative of a member	_		Printed or typed na	ame of signee
provisi the obl to mere	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perforn d for in hereby c	et in this cap nance of my Chapter 60, confirm that	pacity. I further a duties, and I am 5, F.S. Or, if this the limited liabil	gree to comply with the familiar with and accept document is being filed ity company has been
<u>X</u>	Inace C-Kinble				
Signatu Grace	re of Registered Agent E. Kirby, Asst. Vice President				

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