Florida Department of State

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To:

Division of Corporations

15129570210

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

LLC REGISTERED AGENT CHANGE PORTHAULT HOLDINGS LLC

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K. Brumbley

INHS18 (2/14)

| TO: Registration Section Division of Corporations | COVER LETTER |
|--|---|
| SUBJECT: PORTHAULT HO | DLDINGS LLC e of Limited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Offi | ce Change and fec(s) are submitted for filing. |
| Please return all correspondence concerning thi | s matter to the following: |
| Joshua Murphy Name of Person | |
| | |
| Registered Agent Solutions, Inc. | |
| Firm/Company | |
| Corporate Center One, 5301 Southwes | t Pkwy, Ste 400 |
| Address | ······································ |
| Austin, TX 78735 | |
| City/State and Zip Code | |
| E-mail address: (to be used for future ann For further information concerning this matter. | |
| Joshua Murphy | 888 705-7274 |
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following | amount: |
| □ \$25 Filing Fee | S55 Filing Fee & Certified Copy |

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

| ime of the limited liability company | <u>PORTHAU</u> | | | | | | |
|---|--|--------------|-----------------|---------------|--|--------------|--------------|
| 100 WORTH AVENUEWINTHROP | HOUSE UNIT 610 | (| b) PALI | M BEA | CH, F | L 33 | 480 |
| Principal office address of limited (Note: MUST BE STREET | | | | Mailing addre | ss of limited <i>Y <u>BE POS</u>1</i> | | |
| PALM BEACH, FL | | | PALI | M BEA | | | |
| | | | | | | | |
| 11/23/2019 | | | L1900 | 026601 | 5 | | |
| Date of filing/registration | in Florida | 4. | | Document | number | | |
| BLUMBERGEXCELSIOR CO | ORPORATE SEF | RVICE | ES, INC. | | | | |
| | | | da Dant, a CStr | | | | |
| Registered Agent and Registered Office sh | nown on the records of th | ie Floric | затисри, от ви | 21 TC . | | | |
| Registered Agent and Registered Office sh | | | а глерт, от за | arc. | | | |
| 155 Office Plaza D | rive, 1st Fl. | | | | | | |
| 155 Office Plaza D | | | | | | | |
| 155 Office Plaza D Registered Office Address (MUST BE | rive, 1st Fl. | DDRES | <u>55)</u> | arc. | | | |
| 155 Office Plaza D | rive, 1st Fl. | | <u>55)</u> | | - | 202: | |
| 155 Office Plaza D Registered Office Address (MUST BE) TALLAHASSEE | rive, 1st Fl. | DDRES | <u>55)</u> | | - • | 2022 Ji | |
| 155 Office Plaza D Registered Office Address (MUST BE) TALLAHASSEE Registered Agent Solu | rive, 1st Fl. FLORIDA STREET A, FL. utions, Inc. | 00kes 323 | 01 | | - - - - - - | - NUC 2202 | ;-,- |
| 155 Office Plaza D Registered Office Address (MUST BE) TALLAHASSEE | rive, 1st Fl. FLORIDA STREET A, FL. utions, Inc. | 00kes 323 | 01 | | - - - : | 2022 JUN - 5 | |
| 155 Office Plaza D Registered Office Address (MUST BE) TALLAHASSEE Registered Agent Solu | rive, 1st Fl. FLORIDA STREET A, FL. utions, Inc. | 00kes 323 | 01 | | - - - - - - - - | ည • | AHO FILED |
| 155 Office Plaza D Registered Office Address (MUST BE) TALLAHASSEE Registered Agent Solu Enter name of NEW Registered Agent ar | rive, 1st Fl. FLORIDA STREET A, FL. utions, Inc. | 00kes 323 | 01 | | - | ည • | AND FILED |
| 155 Office Plaza D Registered Office Address (MUST BE) TALLAHASSEE Registered Agent Solu Enter name of NEW Registered Agent ar 155 Office Plaza Dr. | rive, 1st Fl. FLORIDA STREET A, FL. utions, Inc. | 00kes 323 | 01 | | - · · : | 1 | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

| /s/ | Damaris Molina | Damaris Molina | Authorized Person |
|-----|--|----------------|---------------------|
| _ | Signature of a member or authorized representative of a member | Printed or t | yped name of signee |

I hereby accept the appointment as registered agent and agree to oct 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.

Mackenzie Hart, Asst, Secretary
Signature of Registered Agent