(Requestor's Name)	_
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
rtified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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02/15/24--01021--001 **125.00



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R. HUNT C2/13/24

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.

N	ame of the limited liability company:	LC				
(a)		0)			
	Principal office address of limited liability company. (<u>Note: MUST BE STREET ADDRESS</u>)	、	Mailing a		d liability company: T OFFICE BOX)	
	2517 N. Main Avenue		2517 N. Main Ave	nue		
	San Antonio, TX 78212-4685		San Antonio, TX 7	78212-4685		
	11/08/2019		L19000269142			
	_ate of hing/registration in Florida	4.	Docum	ent number		
(a)	Registered Agent and Registered Office shown on the records of Researcher's Associates, Inc.	the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 633 Timberiane Road	ADERESS	2			
	Tallahassee, FL	323-12			6 m. 19 17 - 1	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	lres:			
	Mary L Gay					
	NEW Registered Office Address:		<u> </u>		10	
	633 Timberlane Road					
	Tallahassee, FL	32512				

Signature of a member or authorized representative of a member

LOWEIL F. DENTON 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.

Signature of Registeres Agent an

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