120000006857

(Requestor's Name)					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 191042 8404307					
AUTHORIZATION: (For Se man)					
COST LIMIT : \$25,.00					
ORDER DATE : December 12, 2023					
ORDER TIME : 10:23 AM					
ORDER NO. : 191042-013					
CUSTOMER NO: 8404307					
CHANGE OF AGENT					
NAME: WABU, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson 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.

(a)	300 GUS HIPP BOULEVARD	(b) 3	(b) 300 GUS HIPP BOULEVARD		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ROCKLEDGE, FL 32955	R	ROCKLEDGE, FL 32955		
	01/08/2020	L2	000006857		
	Date of filing/registration in Florida	4.	Document number		
(a)					
(4)	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:		
	GY CORPORATE SERVICES, INC.		1		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)			
	777 S FLAGLER DRIVE, SUITE 500E				
	WEST PALM BEACH	. 33401			
	, l	i			
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee F	32301			
iange gent v as/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered of lability comp of the limited e limited liab	office and the business office of the registered any, it is hereby confirmed that the change(s) d liability company or as otherwise provided in ility company.		
	/S/ Austin Cade ture of a member or authorized representative of a member	Austin	Cade, Authorized Person Printed or typed name of signee		
Siona	are of a member of admining representative of a member		this capacity. I further agree to comply with the		

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