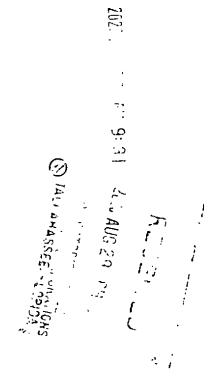
L20000013970

	(Requestor's Name)				
······	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				

Office Use Only



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S. ROLLKIU
SEP - 1 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE: 920729/ 8408630 AUTHORIZATION:							
AUTHORIZATION:							
COST LIMIT : \$ 25.00							
ORDER DATE : August 4, 2023							
ORDER TIME : 2:14 PM							
ORDER NO. : 920729-064							
CUSTOMER NO: 8408630							
CHANGE OF AGENT							
NAME: PHOENIX PAPAGO LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
COMPACE DEDCOM Deli Deli Deli Deli							
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.

(a)	C/O SUSQUEHANNA HOLDINGS, LTD.		(b) C/O SUS	QUEHANNA HOLDINGS, LTD.
()	Principal office address of limited liability company:		Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	8633 SOUTH BAY DRIVE		8633 SO	UTH BAY DRIVE
	ORLANDO, FL 32819	_	ORLAND	O, FL 32819
	01/21/2020		L20000013	3970
	Date of filing/registration in Florida	 4.		Document number
a)				-
	Registered Agent and Registered Office shown on the records o	the Flori	da Dept. of Stat	e:
	WIDEMAN, CHRISTOPHER			_
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>3S)</u>	
	8633 SOUTH BAY DRIVE			2023
	ORLANDO	32819		- 11
	F. F.	l		_
				(1)
)	Enter name of NEW Registered Agent and/or NEW Registere			- :
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	daress:	, e
	Corporation Service Company			 ယ
	NEW Registered Office Address:			
	1201 Hays Street			_
	Tallahassee F	. 32301 L		_
ge I w we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	registe ability c of the li	red office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s y company or as otherwise provided
	ristopher Wideman		-	deman, Authorized Person

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 Registered Agent

Grace E. Kirby, Asst. Vice President