## 

| (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: |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |





2022 OCT 26 AM 9: 23

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

| ACCOUNT NO. : 12000000195                       |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| REFERENCE : 078136 7698889                      |  |  |  |  |  |  |  |  |  |
| AUTHORIZATION: Spelle Rena                      |  |  |  |  |  |  |  |  |  |
| COST LIMIT : \$\overline{25}\vdot00             |  |  |  |  |  |  |  |  |  |
| ORDER DATE: October 25, 2022                    |  |  |  |  |  |  |  |  |  |
| ORDER TIME : 9:20 AM                            |  |  |  |  |  |  |  |  |  |
| ORDER NO. : 078136-005                          |  |  |  |  |  |  |  |  |  |
| CUSTOMER NO: 7698889                            |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| CHANGE OF AGENT                                 |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| NAME: KNEEKEEPER, LLC                           |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |  |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: |  |  |  |  |  |  |  |  |  |
| CERTIFIED COPY XX 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:   | ER, LLC  |                                |  |   |   |                      |   |  |
|--|---|--|--------------------------------|--|---|---|----------------------|---|--|
| 2. (a)                                       | 1500 5TH AVE SOUTH  | _  | (b) 1500 5TH AVE SOUTH         |  |   |   |                      |   |  |
| - ()   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  | (0,                            |  |   | ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |                      |   |  |
|  | STE 105   |  |                                | STE 105  |   |   |                      |   |  |
|  | NAPLES, FL 34102  |  |                                | NAPLES,  | FL 34102  |   |                      |   |  |
|  | 04/23/2020  |  | l                              | .20000108  | 863   |   |                      |   |  |
| 3.   | Date of filing/registration in Florida  | 4.   | _                              |  | Document nur  | nber  |                      |   |  |
| 5. (a)                                       | NAKFOOR III, BRUCE  |  |                                |  |   | رز:<br>این ا  | 022                  |   |  |
| J. (u)                                       | Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1500 5TH AVE SOUTH  |  |                                |  | -<br>):   | HA AH   | 2022 OCT 26          |   |  |
|  | Registered Office Address (MUST BE FLORIDA STRE<br>STE 105  | ET ADDR  | ESS)                           |  | -   | A88E  | 7                    | M                                       |  |
|  | NAPLES  | FI 3410  | )2                             |  | -   | 1   | 9: 23                |   |  |
|  | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Corporation Service Company  | ered Office  | <u> </u>                       | <u>ress</u> :  |   |   |                      |   |  |
|  | NEW Registered Office Address:  |  |                                |  |   |   |                      |   |  |
|  | 1201 Hays Street  |  |                                |  |   |   |                      |   |  |
|  | Tallahassee   | FL_3230  | 11                             |  |   |   |                      |   |  |
| change<br>agent w<br>was/we<br>the artic     | mited liability company is not organized under the or changes are made, the Florida street address of cill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the company of the | the regist<br>I liability<br>rs of the<br>the limite | tered<br>com<br>limit<br>d lia | office and<br>pany, it is<br>ed liability<br>bility comp | the business of<br>hereby confirm<br>company or a<br>pany.                                      | office of the<br>med that the<br>s otherwise                                | e registi<br>e chang | ered<br>e(s)                            |  |
|  | /Tania Marks ure of a member or authorized representative of a member   |  | anıa                           |  | thorized Perso  |   |                      |   |  |
| I hereb<br>provision<br>the obli-<br>to mere | by accept the appointment as registered agent and a constant of all statutes relative to the proper and complete gations of my position as registered agent as provitive to the conflict actions of my position as registered agent as provitive reflect a change in the registered office address, in writing of this change.  | agree to a<br>ete perfoi<br>ded for i<br>I hereby    | act ir<br>man<br>n Ch<br>r con | i this earns   | Printed or typed i<br>city. I further<br>uties, and I am<br>F.S. Or, if thi<br>ie limited liabi | aanaa ta a  | J                    | ith the<br>l accept<br>ig filed<br>heen |  |
| · · ·  | /s/Grace E. Kirby   | 9  | Grace                          | E. Kirby,  | Asst Vice Pre   | sident  |                      |   |  |
| Signatur                                     | e of Registered Agent   |  |                                |  |   |   |                      |   |  |