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To:		<u>ب</u>

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20150000048 Phone

: (800)345-4647

Fax Number : (800)432-3622

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Parsu submi Floria	ant to the provisions of sections 605.0114 or 605.0 is the following statement in order to change its fa. ARCHWE	registe	red	office or i	registered agent, or both, in the State of
1. Ni	me of the Limited Liability Company:	,		(0), 1110	,
2, (a)	2950 West Cypress Creek Road, Ste. 30)2	(1	b) 2950 V	Vest Cypress Creek Road, Ste. 302
·	Principal office address of limited liability company: (Note: MUST HE STRUKT ADDRESS)				Mailing address of limited liability company: (Note: MAX BE POST OFFICE ROX)
	Ft. Lauderdale, FL 33309			Ft. Lau	derdale, FL 33309
	9/3/2020			L2000	0266820
3.	Date of filing/registration in Florkia		4.		Document number
5. (a)	C T CORPORATION SYSTEM				_
	Registered Agent and Registered Office shown on the record	s of the F	ी०त्तर्व	a Dept. of Sta	to:
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADD	RES	ស	_
	PLANTATION	FL_3	332	4	-
(P)	Capitol Corporate Services, Inc.				,
(0)	Finter name of NEW Registered Agent and/or NEW Regist	ered Offi	co rd	dres	_
	515 East Park Avenue 2nd Fi				
	NEW Registered Office Address:				-
					-
	Tallahassee	FL 32	230	1	:: - a
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite cere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the d limbili ers of th	regi ity c o lin	stered offic ompany, it aited liabili	lorida, it is hereby confirmed that after be and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Hatthew Mearner (Oct 19, 2023 13:40 EDT)			Matthew Mesmer, Authorized Signatory		
I here provis the ob- to men nottfle	ture of a member or authorized representative of a member thy accept the appointment as registered agent and lights of all statutes relative to the proper and complifications of my position as registered agent as proved in writing of this change. In the registered office addressed in writing of this change.	agree ti lete perj idea foi i, I here	o ac form r in c shy a	t in this cap cance of my Chapter 60 confirm that	Printed or typed name of signee pacity. I further agree to camply with the patities, and I am Jamilian with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
3.	- Induki Bria	n Rad	leck	ri, Assista	ant Secretary on
Signat	in of Registered Agent beh			•	orate Services, Inc.

INIIS18 (2/14)

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