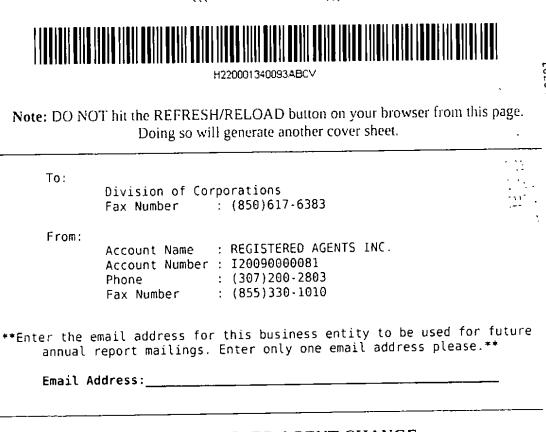
Florida Department of State Officer of Compositions Electronic Filing Cover Sheet

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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.

ı)	(b)	
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	iny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
10/23/2020	L20	0000336625
Date of filing/registration in Florida	4.	Document number
, FISHMAN, GREGORY R		
Registered Agent and Registered Office shown on the rec	cords of the Florida Dept.	of State:
2750 NE 185 STREET, SUITE 2		
Registered Office Address (MUST BE FLORIDA SA		
AVENTURA	, FL 33180	2
Registered Agents Inc.		2022 APR 13
Enter name of NEW Registered Agent and/or NEW Re	egistered Office address:	
7901 4th St N		PH 7:05
NEW Registered Office Address:		, D
STE 300		
St. Petersburg	. FL 33702	
	at Laws of the State	of Elorida, it is bereby confirmed that after
ne limited liability company is not organized unde change or changes are made, the Florida street adent will be identical. Or, in the case of a Florida line were authorized by an affirmative vote of the me articles of organization or the operating agreement	mited liability compa miters of the limited	ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
PI	Riley F	Park
ignature of a member or authorized representative of a member		Printed or typed name of signee

Signature of Registered Agent

notified in writing of this change.

Bill Havre

- Assistant Secretary

Bel 11.