## 120000359769

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Business Emity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J.DENNIS 12.18.24						

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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.

1. 1	Name of the limited liability company:ETHOS EVEN	NT COLLE	ECTIVE, LL	С		
2 (a	)		(b)			
<b>2.</b> (a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  10 Fairway Drive Suite 138V  Deerfield Beach, FL 33441			
	10 Fairway Drive Suite 138V					
	Deerfield Beach, FL 33441					
	11/23/2020		L2000035	9769		
3.	Date of filing/registration in Florida	4.		Document nu	umber	
5. (a	.)					
5. (a	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of St	ate:		
	ASSURED COMPLIANCE SERVICES, LLC					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	_	
	1615 WOODWARD ST			2021 SE		
	ORLANDO	32803	SECRETARY OF STATE STATE STATE STATE STATE			
					18 后	
(b				_	유 그 [	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				15 SI IS	
	Corporation Service Company				A. <b>f</b> 6	
	NEW Registered Office Address:	-	-			
	1201 Hays Street					
	Tallahassee	<sub>er</sub> 32301				
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	he registe liability o s of the li	red office a company, it mited liabili	nd the business is hereby confi ity company or	s office of the registered irmed that the change(s)	
/s/	Philip K. Calandrino	Ph	iilip K. Cala	ndrino, Authori:	zed Person	
Sign	nature of a member or authorized representative of a member			Printed or type	d name of signee	
provi the o to me	weby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid arely reflect a change in the registered office address, ed in writing of this change.	gree to ac le perforn led for in I hereby c	et in this cap nance of my Chapter 60 confirm that	pacity. I furthe duties, and I a 15, F.S. Or, if t t the limited lia	er agree to comply with the am familiar with and accept his document is being filed ability company has been	
Signa	iture of Registered Agent	GRACE E	E. KIRBY. A	ASST. VICE P	RESIDENT	