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From	: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996					
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.						
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T. LEMIEUX

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) _	4320 West Kennedy Blvd.	(1	4320 W	Vest Kennedy Blvd.
(a) _	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 200		Suite 20	00
	Tampa, FL 33609		Tampa.	FL 33609
	12/03/2020		L200003	67752
	Date of filing/registration in Florida	 - 4.		Document number
(a) (b)	Tk Registered Agent. Inc.			
	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of l	State:
	101 E Kennedy Blvd			
	Registered Office Address (MUST BE FLORIDA STREET			
	STE 2700			
	Татра, Fl	33602		
	C T Corporation System			
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
				222
				· · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:			
	1200 South Pine Island Road			
	Plantation, F	L		
cha nt v :/we	inited liability company is not organized under the la inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th	iability c of the lir c limited	ompany, nited lial liability	it is hereby confirmed that the change(pility company or as otherwise provided company.
	ture of a member or authorized representative of a member	<u></u>	nberly Bo	Printed or typed name of signee
-				capacity. I further agree to comply with my duties, and I am familiar with and a 605, F.S. Or, if this document is being

the obligations of my position as registered agent as provided for in Chapter 605, r.s. Or, if this document is being fue to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. C T Corporation System 2023 (Lisa Dullois)

A Lisa Dullois) By:

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00