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COVER LETTER

TO: Registration Section Division of Corporations				
Finish Line Communic SUBJECT:	rations Strategies LLC			
SUBJECT.	Name of Limited Liability Company			
Dear Sir or Madam:				
	The LOCK Character for (a) and builting for Clinic			
The enclosed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.			
Please return all correspondence co	oncerning this matter to the following:			
David Roer				
Name of I	Person			
Eisner Advisory Group LLC				
Firm Con	pany			
1001 Brickell Bay Drive, Suite 1400				
Address	 ;			
Miami, FL 33431				
City/State and	1 Zip Code			
eric@finishlinecommunications.com				
E-mail address: (to be used f	or future annual report notification)			
For further information concerning	g this matter, please call:			
Eric Althoff	646 4384335 at ()			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the	he following amount:			
¥ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy			
INHS18 (2/14)				

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.

Ja	(Note: MUS) 1001 Brickell Bay Drive Miami, FL 33131 annuary 11, 2021 Date of filing/ David Roer Registered Agent and Regis Raich, Ende Malter & C Registered Office Address 2901 W Cypress Creek I	registration in Florid tered Office shown on th o LLP (MUST BE FLORID	a e records of th	4. e Florida f	210000262	Document nu	BE POST OF	-	• •
Ja	Miami, FL 33131 anuary 11, 2021 Date of filing/ David Roer Registered Agent and Regis Raich, Ende Malter & C Registered Office Address 2901 W Cypress Creek I	registration in Florid tered Office shown on th o LLP (MUST BE FLORID	e records of th	4. e Florida f		Document nu	mber		
Ja J	Date of filing/David Roer Registered Agent and Regis Raich, Ende Malter & C Registered Office Address 2901 W Cypress Creek I	tered Office shown on the oLLP (MUST BE FLORID)	e records of th	4. e Florida f		Document nu	mber		
. (a) $\frac{D}{Rc}$ $\frac{R}{R}$ $\frac{B}{R}$	Date of filing/ David Roer Registered Agent and Regis Raich, Ende Malter & C Registered Office Address 2901 W Cypress Creek I	tered Office shown on the oLLP (MUST BE FLORID)	e records of th	4. e Florida f		Document nu	mber		
. (a) $\frac{D}{R}$	David Roer Registered Agent and Regis Raich, Ende Malter & C Registered Office Address 2901 W Cypress Creek I	tered Office shown on the oLLP (MUST BE FLORID)	e records of th	e Florida [Dept. of State		mber		•
Ro R R	Raich, Ende Malter & C Registered Office Address 2901 W Cypress Creek l	o LLP <u>(MUST BE FLORID</u>)			Sept. of State	e:			
- R 2	Registered Office Address 2901 W Cypress Creek I	(MUST BE FLORID)	A STREET AI	DDRESS)					
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_		Road, Suite 120					17.	? 70	C'ESSEL
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_	Fort Lauderdale		, FL_	3309		_	TAHASSELI		
(b)	Oavid Roer, Eisner Advi	ory Group LLC				_	777 777	PH 2: 42	(****)
Eı	inter name of <u>NEW Regis</u>	ered Agent and/or <u>NEW</u>	Registered C	Office addi	<u>ress</u> :		•	† 2	
<u>.</u>	NEW Registered Office A	ldress:				-			
1	1001 Brickell Bay Drive	, Suite 1400				_			
<u>,</u>	Miami		, FL_3	3131		_			
hange or gent wil ras/were	nited liability companyor changes are made, the liber identical. Or, in a cauthorized by an affiles of organization or	ne Florida street addi the case of a Florida imative vote of the r	ress of the re limited liab nembers of	egistered oility com the limit mited lia	office and pany, it is ed liability combility com	d the business s hereby confir y company or a ipany.	office of the of the office of	he regi he cha se prov	stered nge(s)
Signature	re of a member of sathoriz	ed representative of a men	mber		CKIC	Printed or typed	name of sign	nce	
hereby rovisión ne obligo merely	accept the appointments of all statutes relativations of my position y reflect a change in the writing of this chan	ent as registered agei ve to the proper and as registered agent a ne registered office a	nt and agree	e to act ir	this cape	acity. I further	r agree to c	comply	with the nd accept ging filed is been

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