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From:

Account Name : DAWSON, ORR, COOK, FIX & STEWART, PLLC

From: Marshay Brown

Account Number : I20210000132 Phone : (904)358-8300

Phone : (904)358-8300 Fax Number : (904)358-8303

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## LLC REGISTERED AGENT CHANGE LAFOND STUDIOS, LLC

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T. LEMIEUX MAY 1 0 2023

To: 18506174383. . From: Marshay Brown

H23000172519

## , 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.

	me of the limited liability company: Lafond Studios				
			b)		
- (	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		· ·	Mailing address of limit (Note: MAY BE PO)	ed liability company:
	3600 Darnall Place		3600 Dan	nall Place	
	Jacksonville, FL 32217		Jecksonvi	ille, FL 32217	
	01/25/2021		L21000046	5497	
3.	Date of filing/registration in Florida	4.		Document number	
5 (a)					
J. (4)	Registered Agent and Registered Office shown on the records	of the Florid	la Dept, of Sta	ate:	
	Diane L. Insetta				
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	3)	<del>_</del>	
	3600 Damáil Place			<b>5</b>	201
	Jacksonville	32217		_	2023 prox - 9 PH
	ZERSON VIIIC	FL			TA STATE OF THE ST
41.5					·
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	<b>—</b>	
					工
	Kevin B. Cook			_	بب _
	NEW Registered Office Address:			<del></del>	22
	818 A1A N, Suite 302				•
	Ponte Vedra Beach	FL 32082			
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the membe fields of organization or the operating agreement of	the registe I liability or rs of the line the limited	red office a company, it mited liabil	nd the business offic is hereby confirmed ity company or as ot empany.	e of the registered that the change(s)
Skin	ature of agreember or authorized representative of a member			Printed or typed name	c of signee
	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compl oligations of my position as registered agent as prov rely reflect a change in the registered office address and in writing of this change.	ngree to ac	ct in this cap	pacity. I further agr dudes, and I am Ja	ee to comply with the

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