L210000 48934

(Re	questor's Name)	
(Ad	dress)	
,	,	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(2)		
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	Certificates of	f Status
'	_	
Special Instructions to	Filing Officer:	
L		

Office Use Only



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2022 DEC 20 PH 1: 08

2022 DEC 20 PM 3: 23 RECEIVED

V 800 17 CIC 2 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195 REFERENCE : 264517 4313323 AUTHORIZATION : COST LIMIT : \$ 25.00					
ORDER DATE : December 20, 2022					
ORDER TIME : 12:45 PM					
ORDER NO. : 264517-005					
CUSTOMER NO: 4313323					
CHANGE OF AGENT NAME: THREADNEEDLE LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland EXT#					
EXAMINER:					

COVER LETTER

TO:		ion Section of Corporations							
CHRI	ECT:	THREADNEEDLE LLC							
SUBJI	ECT	Name of Limited Liability Company							
Dear S	ir or Mada	ım:							
The en	closed Re	gistered Agent/Registered Off	ice Char	nge and	fee(s) are submitted for filing.				
Please	return all	correspondence concerning th	is matter	to the f	ollowing:				
		Charles M. LeSchack							
		Name of Person			_				
		Cummings & Lockwood LLC							
		Firm/Company							
	\$	Six Landmark Square, 9th Floo	or						
		Address			Ladar.				
		Stamford, CT 06901							
_		City/State and Zip Code			-				
		k@cl-law.com							
E	-mail addı	ess: (to be used for future and	iual repo	rt notifi	cation)				
For fur	ther infori	nation concerning this matter.	please c	all:					
	Cha	arles M. LeSchack	at (203	351-4418				
	!	Name of Person	(_		Area Code & Daytime Telephone Number				
	Registra Division P.O. Box	Address: tion Section of Corporations x 6327 see, 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 following	amount	t:					
	□ \$25 Fi	ling Fee		□ \$5	5 Filing Fee & Certified Copy				

1NHS18 (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.

1. N	ame of the limited liability company:THREAD	NEEDLE	LLC		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Aailing address of limited (Note: MAY BE POS)	d liability company;
	17241 CARRETTO COURT		17241 CAF	RRETTO COURT	
	BOCA RATON, FL 33496		BOCA RA	TON, FL 33496	
	February 8, 2021			L21000048934	
3.	Date of filing/registration in Florida	4.	·	Document number	
5. (a)					
. ()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:	;	
	SARA GOLBOURN			٠.	
	Registered Office Address (MUST BE FLORIDA STREET A	4DDRESS)			1777 2022 DE C
	17101 WANDERING WAVE AVE			ŗ-:	EC.:
	BOCA RATON, FL	33496		•	20 1
	, , ,				PR 1:03
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ress:	,	8 (8)
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	32301			
	, FL		.		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the organization or the operating agreement of the limited liagreement of the limited liagreement of the limited liagreement.	registered bility con f the limit	l office and ipany, it is l ed liability	the business office of hereby confirmed the company or as othe	of the registered nat the change(s)
	erganization of the operating agreement of the	innited na		Jany. VIN GOLBOURN, M	/ANAGER
Signati	ure of a member or authorized representative of a member			Printed or typed name of	
provisio he obli o mere notified	y accept the appointment as registered agent and agreents of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	ee to act i performan I for in Cl ereby cor	n this capac ace of my du aapter 605, i firm that th	city. I further agree uties, and I am famil F.S. Or, if this docu we limited liability co	to comply with the liar with and accept ament is being filed ompany has been
Signatur	Lexus Willad assistant va proscupit				
Signatur	e or vegivicien waeur				