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(((H21000122356 3)))



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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FISHER, TOUSEY, LEAS & BALL

Account Number : I19990000021 : (904)356-2600 Phone Fax Number : (904)355-0233

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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LLC REGISTERED AGENT CHANGE POLARIS LIMITED PARTNERS LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

H21000122356

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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.

I. Na	me of the limited liability company: Polaris Limited		•		<u> </u>			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	·)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	351 Ponte Vedra Boulevard		351	Ponte V	edra Boulevar	rd		
	Ponte Vedra Beach, Florida 32082		Poni	e Vedra	Beach, Florid	a 32082		
	March 23, 2021			1.2	1000120615			
3.	Date of filing/registration in Florida	4.			Ocument nu	mber _{ry} ,	2021	
5. (a)	Registered Agent and Registered Office shown on the records of Fisher, Tousey, Leas & Ball, P.A.	of the Florida	a Dept.	of State:			2021 MAR 2	
	Registered Office Address	TADDRESS	<u></u>			 음.	6 Při	
	501 Riverside Avenue, Suite 600 Jacksonville					2. FL S.T/M	Pի կ։ կ7	
	Enter name of NEW Registered Agent and/or NEW Register Oscar Munoz	ed Office ad	idress:					
	NEW Registered Office Address:		_					
	351 Ponte Vedra Boulevard							
	Ponte Vedra Beach	FL_32082						
change agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	ne register liability co s of the lin	ed off ompai nited	ice and iy, it is liability	the business hereby confi- company or	office of rmed tha	the re	gistereu hange(s)
	6	Osc	car Mu		19 1 2 1 2 2 2			
I here provis the ob- to mer	ature of a member or authorized representative of a member why accept the appointment as registered agent and a ions of all statutes relative to the proper and comple digations of my position as registered agent as provicely reflect a change in the registered office address, ad in writings of this change.	gree to act te perform led for in (I hereby c	et in th tance Chapt confiri	in auna	Printed or types city. I furthe uties, and I a F.S. Or, if the limited lia	r aaroo f	/1 /'/ 121 17	oly with the and accept being filed has been
Signat	ure of Registered Agent				H21	0001223	56	