2/25/22, 9:39 AM



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10:	To: Division of Corporations				
	Fax Number : (850)617-6383				
From:					
	Account Name : LEGALZOOM.COM INC.				
	Account Number : I20010000062				
	Phone : (323)962-8600				
٠.	Fax Number : (323)962-3889				
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	the email address for this business entity to be used for ful nual report mailings. Enter only one email address please.**				
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From: Sarah Acevedo

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

2/17/2022 9:19 AM FROM: Office Depot #597 P. 2 / 3

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: O'BRIEN TRA	FFIC	STRIPIN	G LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 14942 Whatley Rd.					
	Delray Beach, FL 33445	_	Delray	Beach, FL 33445		
	04/06/2021		L21000	158872		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Registered Agent and Registered Office shown on the records of the UNITED STATES CORPORATION AGENTS Registered Office Address GAUST BE FLORIDA STREET A 5575 S. SEMORAN BLVD., 36 ORLANDO , FL.	S, INC	E)	11 LED 22 FEB 25 11		
	Delray Beach , FL	33445		_		
the chi agent was/w the art	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited liability.	the regi bility co the lin imited	stered offi- ompany, it nited liabil liability co	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany.		
I here provis the ob to mer	stupe of a member or authorized representative of a member with accept the appointment as registered agent and agretions of all statutes relative to the proper and complete pligations of my position as registered agent as provided rely reflect a change in the registered office address. In a writing of this change.	e to ac perform for in s erehy c	i in this ca ance of m Chapter 61 onfirm tha	Printed or typed name of signee macity. I further agree to comply with the y duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed at the limited liability company has been		
Signati	re of Registered Agent	J O,	Brien			
- 1/						