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Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE ARMOR HEALTH OF OHIO, LLC

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JAN 2 6 2024 T. LEMIEUX

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 affice or registered agent, or both, in the State of ARMOR HEALTH OF OHIO, LLC 1. Name of the limited liability company: Armor +1001+10 Off Office 2 (a) winder health of onio 11c. Mailing address of lumited liability company. Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 4960 SW 72nd Ave #400 4940 SW 7779 Ave 4400 Miami FL 33155 L21000241569 L21000241969 Date of filing/registration in Florida Brent D Klein S. (a) Prent D. KIBIN Registered Agent and Registered Office shows on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADURESS) 4960 SW 72 Avenue BIRD ROAD SUITE 400 MIAMI, FL 33155 C T Corporation System (b) Enter teems of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: 1200 South Pine Island Road Plantation If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the agricles of organization or the operating agreement of the limited liability company. Kelly Huerta tinery Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fitted to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

By:

Or Corporation System

Denise Bell Assistant Secretary Denise Bell Assistant Secretary By: Signature of Registered Agent

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

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