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(Requestor's Name)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Pusiness Entity Name)							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

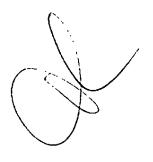
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mail address: (to be used for future annual report notification)	
her information concerning this matter, please call:	2 C
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sa Jones 844 493-0249	•
Name of Person Area Code & Daytime Telephone Number	
Area code de Daytime Telephone Number	
Mailing Address: Street Address:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tallahassee	
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	
Tallahassee. FL 32303	
Tahanassee, et. 32303	
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

INHS18 (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.	Na	me of the limited liability company: ADDISON	EC	OM LL	C	
2. (a) .	384 STONE RIDGE DRIVE	(t	384 S	STONE RIDGE DRIVE	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		PONTE VEDRA BEACH, FL 32081		PONTI	E VEDRA BEACH, FL 32081	
			_			
		06/24/2021	_		0293212	
3.		Date of filing/registration in Florida	4.		Document number	
5. ((a)	Registered Agents Inc.				
		Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of State	- e:	
		7901 4th St N		<u></u>	_	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) STE 300						
		St. Petersburg , FL 3	3702		7022.JL	
Ŋ	o)	ZenBusiness Inc			M. JUL (SPH 12:	
`	-	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		336 E. College Ave.			2: 28 E. F.L.	
		NEW Registered Office Address:			-	
		Suite 301			_	
		Tallahassee FL 3	2301		_	
If the	e lii	mited liability company is not organized under the laws	of the	State of Flo	rida it is hereby confirmed that after the	
chan agen was/	ge t w we:	or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liabi re authorized by an affirmative vote of the members of the des of organization or the operating agreement of the lin	egistere lity con the lim	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		aden Addison	Jac	den Addi	ison	
		re of a member or authorized representative of a member			Printed or typed name of signee	
the o to m	bliz ere	y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete per gations of my position as registered agent as provided for reflect a change in the registered office address, I here withing of this change.	to act erforma or in C reby co	in this capa ince of my a hapter 605, nfirm that t	city. I further agree to comply with the httes, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Sign	itur	of Registered Agent				