Division of Corporations

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Statement of State

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**Ent	Phone : (614)280-3338 Fax Number : (954)208-0845  er the email address for this business annual report mailings. Enter only one Email Address:	s entity to be use e email address p	2021 SEP 17 PM 5: 26 SECKETARY OF STATE ALLAHASSEE, FLORIDA  or the second seco	C
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## 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.		me of the limited liability company:		<u> </u>		<u>,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	b)	Mailing address of limited (Note: MAY BE POST	liability com	pany: (2, <u>X</u> )	
215 Old Sanford Oviedo Rd 4141 Rockside Ros				ockside Road, Ste 1004				
		Winter Springs, FL 32708	Seven Hills, OH 44131					
		06/25/2021		L210002	19 <b>7269</b>			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	William R. Lowman, Jr. Esq.			•			
<b>-</b> 4;	(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Star Shuffield, Lowman & Wilson, P.A.			State:	SE6;	2021 SEP 17	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			<del></del>		SEF	- <del></del>
		1000 Legion Place, Suite 1700					=	۴۱۲
		· Orlando , FL	32801		·	Ĺu ∼	7 PH	ED
		C T Corporation System				IF STATE FLORID	5: 2	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office n	ddress:		<b>&gt;</b>		
		NEW Registered Office Address:			<del></del>			
		1200 South Pinc Island Road			·			
		and the state of t			<del></del>			
		Plantation , F1.	33324					
the ag	e chi enti as/w	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regability of the li- limited	gistered o company, mited lial I liability	flice and the business off, it is hereby confirmed the bility company or as othe company.	fice of the mat the char erwise prov	regista nge(s)	red
			• ब	Janie	Nauer VP	/CFO		
	-	dure of a member or authorized representative of a member			Finite of typed name o	1 Signee	مامد	. l
pr th to	oviș e ob mer	thy accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered affice address, I d in writing of this change.  CT Expression System	perjori d for in hereby	munce oj i Chapter confirm t	my duties, and 1 am jami 605, F.S. Or, if this doc that the limited liability c	to comply liar with a ument is ho ompany ho	y with ind ac eing fi as bee.	ine Lept led n
S	ignan	by Sandra Zwij	ack, Ass	istant Sect	retary	٠		