L21000344885

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

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2022 APR 12 PM 3: 37

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 6034337 8374304							
AUTHORIZATION : Trell of man.							
COST LIMIT : \$ 25.00							
ORDER DATE : April 8, 2022							
ORDER TIME : 1:06 PM							
ORDER NO. : 603433-024							
CUSTOMER NO: 8374304							
CHANGE OF AGENT							
NAME: 121 2ND DILIDO TERRACE LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							

EXAMINER:

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	nme of the limited liability company: 121 2ND DILIC						
2.	(a)	18 E ATH STREET SHITE ON?		(b)				
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)		Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		CINCINNATI, OH 45202	_		CINCINNA	ATI, OH 45202		
		07/30/2021		Ĺ	.21000344	885		
3.		Date of filing/registration in Florida	4.	_		Document number		
5	(a)	C T CORPORATION SYSTEM						
٥.	(44)	Registered Agent and Registered Office shown on the records o	f the Flor	ida l	Dept. of State	: :		
		1200 SOUTH PINE ISLAND ROAD				: 2		
		Registered Office Address (MUST BE FLORIDA STREET	Office Address (MUST BE FLORIDA STREET ADDRESS)			2022 APR 12		
		PLANTATION .FL		33324		\sim		
			_] [] [] [] [] [] [] [] [] [] [
	(b)			_				
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			ress:	4.7		
		Corporation Service Company						
		NEW Registered Office Address:						
		1201 Hays Street	_					
		Tallahassee	3230°	1				
ch ag wa the	ange ent v is/we e arti	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members cles of organization or the operating agreement of the limit of a member or authorized representative of a member	e registe lability of the li e limited	ered con imit I lia	office and pany, it is ed liability bility comp lmi, Author	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in		
I l pro tho to	herel ovisie obli mere	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change.	ree to a perform d for in hereby	et in man Ch con	n this cana	city. I further cores to comply with the		
Si	gnatui	e of Registered Agent						

Grace E. Kirby, Asst. Vice President of Corporation Service Company
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)