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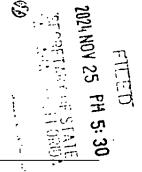
Account Number: FCA000000023 : (614)280-3338 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE CYPRESS ADVISORY LLC

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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.

I. Na	me of the limited liability company: CYPRESS ADVI	SORY LLC	
2. (a)	1825 NW Corporate Blvd Suite 110	(b) 16	355 CORVINO CT
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of finited liability company: (Note: MAY BE POST OFFICE BOX)
	Boca Raton, FL 33431		ILRAY BEACH, FL 33446
	09/10/2021	L210	000401824
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BERGER, GEOFFREY		
	Registered Agent and Registered Office shown on the records of 16355 CORVINO CT	t. of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	OV 25 PM	
	DELRAY BEACH. , FL	2024 NOV 25 PM	
(b)	C T Corporation System	5. 31 STATE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FL	33324	
the cha agent v was/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere ability compact of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/s/ Andrew R, Henry	At	ndrew R. Henry
I herei provisi he obl o mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide right reflect a change in the registered office address, I in writing of this change. CT Corporation System	ree to act in to performance d for in Chap hereby confir	Printed or typed name of signee his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Signatu	re of Registered Agent Lestie Martin, Assistant Secretary		