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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20169000048 : (800)345-4647 Phone

Fax Number : (800)432-3622

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LLC REGISTERED AGENT CHANGE 720 108TH AVENUE NORTH ES, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| rursua submits Florida | nt to the provisions of sections out the following statement in order | r to change its regi | stered office or re | egistered agent, or | nted liability of both, in the | State of |
|--|---|--|--|---|--|--|
| I. Nam | ne of the Limited Liability Company | | /ENUE NORTI | n ES, LLC | | |
| 2. (a) 6 | 000 KELLWOOD PARK | WAY 300 | _(b) 600 KE | LLWOOD P | ARKWAY | ′300 |
| `` | Principal office address of limited (Note: MUST BE STREET | liability company: | | Mailing address of limi (Note: MAY BE PO | ted liability comp | елу: |
| (| CHESTERFIELD, MO 6 | 3017 | CHES* | TERFIELD, N | MO 63017 | |
| | 09/13/2021 | | <u>L21000</u> | | · | · |
| 3. | Date of filing/registration | | 4. | Document number | r | |
| | CAPITAL CORPORATI Registered Agent and Registered Office at | | | • h: | | |
| | 515 EAST PARK AVEN | UE 2ND FL | | _ | | |
| | Registered Office Address MUST BE | FLORIDA STREET AL | DRESSI | | | |
| | TALLAHASSEE | , FL_ | 32301 | | ίλL | 5000 |
| | Capitol Corporate Services, | | | _ | \. | ; ; |
| | Enter name of NEW Resistered Assett an | dor NEW Resistered O | ffice address: | | | ف |
| | 515 East Park Avenue 2nd | FI | | | | |
| | NEW Registered Office Address: | | | •, | <u>i</u> ". | O |
| | | | | • | 7 | 1 |
| • | Tallahassee | FL_ | 32301 | | | |
| the chan agent wi was/wer the artic | nited liability company is not organge or changes are made, the Floridill be identical. Or, in the case of a suthorized by an affirmative votices of organization or the operating or of a mental or authorized reproduction. | la street address of the Florida limited liable of the members of gagreement of the li | ne registered office ility company, it is the limited liability mited liability com | and the business of hereby confirmed y company or as of | office of the replant that the chang herwise provided. | gistered re(s) |
| | vaccepi the appointment as registers of all statutes relative to the progetions of only position as registered vielect a change in the registered in writing of this change. | | e to act in this cape erformance of my o for in Chapter 605 reby confirm that i | | | vith the 1 accept 1g filed been |
| ~ | Tracketty ' | Brian Ra | decki, Assistar | nt Secretary on | | |
| ospanie | | • | , , | rate Services, I | nc. | |
| | Division of Cor | porations P.O. Bo | x 0.5270 láliábás r. esc oo | 36C, FL, 52514 | | |

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