L21000412946

| (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: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



800386741908

2022 MAY 19 AM II: 29 SECRETARY OF STATE

RECEIVED

A. BUTLER MAY 20 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. | : | 1200000019 | 5 | | | |
|--------------------------------|---|-----|--------------|---------|--|--|--|
| | REFERENCE | : | 692352 | 8281792 | | | |
| | AUTHORIZATION | : | Souls &C | Man | | | |
| | COST LIMIT | : | \$ (25.00 | • | | | |
| ORDER DATE : | May 18, 2022 | | | | | | |
| ORDER TIME : | 7:58 AM | | | | | | |
| ORDER NO. : | 692352-007 | | | | | | |
| CUSTOMER NO: | 8281792 | | | | | | |
| CHANGE OF AGENT | | | | | | | |
| NAME: CLAXTON AND PECAN GP LLC | | | | | | | |
| CERTII | THE FOLLOWING AS FIED COPY STAMPED COPY | PRO | OOF OF FILIN | G: | | | |
| | | | | | | | |

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

, 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 | ame of the limited liability company: CLAXTON A | AND PECAN G | PLLC | | | | |
|--------------------------------|---|--|---|--|--|--|--|
| | | | | | | | |
| () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | : : | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1412 NW 23RD ST MIAMI, FL 33142 | | | | |
| | 1412 NW 23RD ST | 1 | | | | | |
| | MIAMI, FL 33142 | | | | | | |
| | 09/17/2021 | L2 | 1000412946 | | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | | |
| 5. (a) | | | | | | | |
| 5. (u) | Registered Agent and Registered Office shown on the record | ds of the Florida De | pt. of State: | | | | |
| | Registered Office Address (MUST BE FLORIDA STRE | FFT ADDRESS) | | | | | |
| | 1412 NW 23RD ST | 202 SE | | | | | |
| | MIAMI | . FL ³³¹⁴² | PILED 2022 HAY 19 AM 11: 2 SEGRETAN SEE FA | | | | |
| | | | 79 5 | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Regist | | | | | | |
| | | | MI 1: 29 | | | | |
| | Corporation Service Company | - · · · - | | | | | |
| NEW Registered Office Address: | | | | | | | |
| | 1201 Hays Street | | | | | | |
| | Tallahassee | , FL ³²³⁰¹ | | | | | |
| If the l | imited liability company is not organized under the | a laws of the Sta | ate at Florida, it is bereby confirmed that after the | | | | |
| change agent v was/wa | or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the membericles of organization or the operating agreement of | the registered of the liability compers of the limited | office and the business office of the registered rany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in | | | | |
| / | s/Cody Littlewood | Cody L | ittlewood, Authorized Person | | | | |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee | | | | |
| provisi the obl to mer | by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change. | lete performanc vided for in Cha s, I hereby confi | e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been | | | | |
| | /s/Grace E. Kirby | <u>G</u> ı | Grace E. Kirby, Asst Vice President | | | | |
| Signatu | re of Registered Agent | | | | | | |