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Division of Corporations

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From:

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Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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

<b>J</b> 241	LIMITED LIABIL	ITY COMPANY	LEKED WOEMI OF RO IN LOK	
Pursu submi Floria	ant to the provisions of sections 605.0114 or 605.0116, is the following statement in order to change its regions.  M&G - PROP	stered office or reg	e undersigned limited liability company distered agent, or both, in the State of	
1. N	me of the Limited Liability Company:			
2. (a)	1400 E. NEWPORT CENTER DR STE 102	NEWPORT CENTER DR STE 102 (b) 820 E GATE DR STE 101		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		eiling address of limited liability company: (Note: MAX BN POST OFFICE BOX)	
	DEERFIELD BEACH, FL 33442	MOUNT	LAUREL, NJ 08054	
	10/18/2021	L210004	452019	
3.	Date of filing/registration in Florida		Document number	
5. (a)	C T CORPORATION SYSTEM			
	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of State:		
	1200 S PINE ISLAND RD  Registered Office Address MIST BE FLORIDA STREET AL	NDPECC:		
	THE PARTY OF THE P	OVALOS]		
	PLANTATION FL_	33324		
/h)	Capitol Corporate Services, Inc.			
(0)	Enter name of NEW Resistered Assett and/or NEW Resistered C	Affice address:	v* •	
	515 East Park Avenue 2nd Fl		• •	
	NEW Registered Office Address:		 	
	Tailahassee , FL	32301	<u>-</u>	
the chagent was/w	imited liability company is not organized under the lawsings or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabers authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	he registered office a sility company, it is a the limited liability mited liability comp	ida, it is hereby confirmed that after, and the business office of the registered hereby confirmed that the chango(s) company or as otherwise provided in sany.	
	esmer (Oct 19, 2023 13:40 EDT) Ture of a member or authorized representative of a member		Printed or typed name of signe	
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p lightlops of my position as registered agent as provided ely reflect a change in the registered affice address, I he d in writing of this change.	e to act in this capac erformance of my di for in Chapter 605, ereny confirm that th	city. I further agree to camply with the offes, and I am familiar with and accept F.S. Or, if this document is being filed to limited liability company has been	

Division of Corporationse P.O. Box 6327e Tallahessec, PL 32314 FILING FEE: \$25.00

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.