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SECRETARY OF STATE SALLAHASSEE FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $\stackrel{*}{\longrightarrow}$

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.

ı) _	ame of the limited liability company: 129 S. HTH ST (b) 129 S. HT			129 S. 117	HST		
<i>.</i> ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		()	N	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	NASHVILLE, TN 37206			NASHVIL	LE, TN 3720	06	
	11/12/2021			1,210004866	602		
	Date of filing/registration in Florida	4.	-	_	Document	number	
(a)	LIGHTSEY & ASSOCIATES, P.A.						
,	Registered Agent and Registered Office shown on the records	of the Flo	rida	Dept. of State	e:		
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	ESS,	!	- -		
	WINTER PARK	FL	9		_		
o)	ALTON L. LIGHTSEY				_		
-,	Enter name of NEW Registered Agent and/or NEW Register	red Office	ado	iress:		202 5	
	222 W COMSTOCK AVENUE					2022 NOV SECRET	T)
	NEW Registered Office Address:					28 143 1455	FIT
	SUITE 200				_	55年	i
	WINTER PARK	FL	9	. <u>.</u>	_	ET 0310	
ige it v	imited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization of the operating agreement of t	he regis liability s of the he limite	tere cor lim ed li	d office and inpany, it is ited liability	d the busine s hereby cor y company i apany.	ereby confirmed these of the regularization	nat after gistered ange(s)
mat	ture of a member or authorized representative of a member	-			Printed or ty	ped name of signee	
	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi ely reflect a change in the registered office address,	do norta	P111/	mee of my	duties and .	i am Tamuuai' Wiin	ana ac

Signature of Registered Agent