## 1220003K90

| (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. |  |  |  |  |  |  |  |
| J. HORNE                                |  |  |  |  |  |  |  |
| APR 3 0 2024                            |  |  |  |  |  |  |  |
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Office Use Only



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## **CT CORP**

## (850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

| D   | ate: |                               | 04       | 1/29/2024                                 | a: DW                             |
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|   |      |                               |          | Acc#I20160000072                          | 4 . C ) = V                       |
| Name:   | HC4  | 40 FL, LL                     | C        |   |                                   |
| Document #:   |      |                               |          |   |                                   |
| Order #:  | 155  | 17751                         |          |   |                                   |
| Certified Copy of Arts<br>& Amend:<br>Plain Copy:<br>Certificate of Good<br>Standing: |      |                               |          |   |                                   |
| Certified Copy of   |      |                               |          |   |                                   |
| Apostille/Notarial<br>Certification:  |      |                               | $\vdash$ | ountry of Destination:<br>umber of Certs: |                                   |
| Filing: 🗸   |      | Certified:<br>Plain:<br>COGS: | ✓        |   | Email Address for Annual Report N |
| Availability  Document  Examiner  Updater  Verifier  W.P. Verifier                    |      | Amount: \$                    | <u> </u> | 55.00                                     |                                   |

Thank you!

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability com submits the following statement in order to change its registered office or registered agent, or both, in the State of Flo

| (a)          | 1776 PEACHTREE STREET NW, SUITE 100  |                      | (b)        | CHTREE STREET NW. SUITE 100   |  |  |  |  |
|--------------|--|----------------------|------------|---|--|--|--|--|
| . , -        | Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)                             | <del></del>          | ,          | Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX) |  |  |  |  |
|              | ATLANTA, GA 30309  |                      | ATLANTA    | A, GA 30309   |  |  |  |  |
|              | 01/14/2022   |                      | L220000310 | 990   |  |  |  |  |
|              | Date of filing/registration in Florida   | —<br>4.              | -          | Document number   |  |  |  |  |
| (a)          | HERTZ, CLIFFORD I.   |                      |            |   |  |  |  |  |
| <b>(**</b> / | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  360 S. ROSEMARY AVENUE |                      |            |   |  |  |  |  |
|              | Registered Office Address  | 1014 FFR 29 MI 10: 3 |            |   |  |  |  |  |
|              | WEST PALM BEACH F  | 29                   |            |   |  |  |  |  |
| (b)          | C T CORPORATION SYSTEM   |                      |            |   |  |  |  |  |
| /            | Enter name of NEW Registered Agent and/or NEW Registers  | ed Office            | address:   |   |  |  |  |  |
|              | 1200 SOUTH PINE ISLAND ROAD  |                      |            |   |  |  |  |  |
|              | NEW Registered Office Address:   |                      |            |   |  |  |  |  |
|              | PLANTATION   | 33324                | 4          |   |  |  |  |  |

MATT PRINCE

horized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepted obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

C T Corporation System, Theresa Buck, Assistant Secretary