(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. HORN	<b>1</b> E					
	JUL 26	2024					

Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195							
REFERENCE : 554965 , 8441010							
AUTHORIZATION : Trees Ble Ma							
COST LIMIT : \$ 25.00							
ORDER DATE : July 17, 2024							
ORDER TIME : 4:02 PM							
ORDER NO. : 554965-014							
CUSTOMER NO: 8441010							
CHANGE OF AGENT							
NAME. DANYAN TODE EMDIOVMENT IIC							
NAME: BANYAN TREE EMPLOYMENT, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Shauna Godbolt EXT#							

EXAMINER:

## 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.

i.	Na	me of the limited liability company:  BANYAN TREE E	MPLO	YMENT, L	LC	
2.	(a)	4100 LEGENDARY DRIVE, SUITE 280	(b) 4100 LEGENDARY DRIVE, SUITE 280			E 280
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		DESTIN, FL 32541	_	DESTIN	, FL 32541	
			-			
		06/30/2022		L2200029	94047	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)				<del></del>	
		Registered Agent and Registered Office shown on the records of the PARACORP INCORPORATED	e Florida	Dept. of Sta	ne:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRE			<del>_</del>	
		155 OFFICE PLAZA DRIVE, 1ST FLOOR	FICE PLAZA DRIVE, 1ST FLOOR			
		TALLAHASSEE FL 3	32303-3	230	_	
						27
	(b)	Enter name of NEW Registered Agent and/or NEW Registered C	\cc	<u></u>	_	2021 J
		erner name of NEW Registered Agent and/or NEW Registered C	omce ag	uress:		
		Corporation Service Company				182
		NEW Registered Office Address:	_		<del></del>	
		1201 Hays Street				
					_	· (3)
		Tallahassee, FL	32301		_	
cha age wa	ange ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egistere ility co the lim	d office ar mpany, it i ited liabili	nd the business office of the is hereby confirmed that the ty company or as otherwis	e registered ne change(s)
		J. CILMI	JILL	CILMI, AU	JTHORIZED PERSON	
	-	ure of a member or authorized representative of a member			Printed or typed name of sign	
pre the to	ovisie obli mere	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergetions of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.  GRACE E. KIRBY.	erforma for in C reby co	nice of my hapter 60, nfirm that	duties, and I am familiar v 5, F.S. Or, if this documer the limited liability compo	omply with the with and accept at is being filed any has been
Sig	gnatur	e of Registered Agent				