L22004/4564

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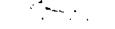
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2024 OCT -9 PH 3: 57

FILED
2024 OCT -9 AM 8: 46
SECRETARY OF STATE



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.

(a)	114 NE 1 ST AVENUE	(114 NE b)	E 1 ST AVENUE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	DELRAY BEACH, FL 33483		DELRA	AY BEACH, FL 33483
	09/22/2022		L220004	414564
	Date of filing/registration in Florida	— 4.		Document number
	Registered Office Address	"ADDRES	<u></u>	
	Registered Office Address	33431		2024 OCT SECRETALA
b)	Registered Office Address (MUST BE FLORIDA STREET) 1900 NW CORPORATE BLVD. SUITE E201 BOCA RATON	33431		FILE 2024 OCT -9 SECRETARY ALL MIASSEE
b)	Registered Office Address	33431		— POP AT D
b)	Registered Office Address (MUST BE FLORIDA STREET) 1900 NW CORPORATE BLVD. SUITE E201 BOCA RATON	33431		FILED 2024 OCT -9 AM 8: 46 SECRETARY OF STATE TALL ALLASSEE, FLORIDS
b)	Registered Office Address	33431		— POP AT D

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ LAUREN FLEWELLYN,

LAUREN FLEWELLYN, AUTHORIZED PERSON

Signature of a member or authorized representative of a member

Printed or typed name of signce

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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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

GRACE E. KIRBY, ASST VICE PRESIDENT

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 662255