L22000514565						
(Requestor's Name) (Address) (Address)	600400888866					
(City/State/Zip/Phone #)						
Certified Copies Certificates of Status	RECEIVED 2023 JAN 27 PM 3: 49 ALLAHASSEE, FLUR					
	A. BUTLER					

1202 0 E MAL

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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ACCOUNT	NO.	:	I20000000195

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REFERENCE : 415592 53500B AUTHORIZATION : Konelegan COST LIMIT : 5 25.00

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ORDER DATE : January 26, 2023

ORDER TIME : 1:45 PM

ORDER NO. : 415592-010

CUSTOMER NO: 53500B

CHANGE OF AGENT

NAME: MERCHANT ONE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- 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,

L. Na	ame of the limited liability company:	T ONE, LLC		
2. (a)		(b)	
2. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	524 ARTHUR GODFREY ROAD, SUITE 200		524 ART	HUR GODFREY ROAD. SUITE 200
	MIAMI BEACH, FL 33140		MIAMI BI	EACH, FL 33140
	11/26/2002		L22000514	4565
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the record		There are a	-
	SAKA, JAMES	as of the Florida	Dept, of Stat	2023 J
	Registered Office Address <u>(MUST BE FLORIDA STRE</u> 524 ARTHUR GODFREY ROAD, SUITE 200	<u>EET ADDRESS</u>	2	2023 JAH 27
	MIAMI BEACH	. FL ³³¹⁴⁰		
(b)	Enter name of NEW Registered Agent and/or NEW Regist			
	Corporation Service Company	teret tyrnee ad	<u>urev</u> .	
	NEW Registered Office Address:			-
	1201 Hays Street			-
	Tallahassee	. FL	<u> </u>	_
change agent w was/we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membe cles of organization or the operating agreement of	the registere d liability co ers of the lim	d office an mpany, it is ited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
·	/s/Eric Nelson	Eric	Nelson, Au	uthorized Person
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl. to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compli- igations of my position as registered agent as prov elv reflect a change in the registered office address l'in writing of this change.	' agree to act lete performa vided for in C s. I hereby co	in this capt ince of my t hapter 605 infirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been

/s/Grace E. Kirby

Signature of Registered Agent

Grace E. Kirby, Asst Vice President

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