Florida Department of State

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To:				
	Division of Corporations			
	Fax Number : (850)617-6383			
From:				
	Account Name : CAPITOL CORPORATE SERVICES, INC.			
	Account Number : I20160000048			
	Phone : (800)345-4647			
	Fax Number : (800)432-3622			
annu	e email address for this business entity to be used for future all report mailings. Enter only one email address please.** 1 Address:			
	LLC REGISTERED AGENT CHANGE GUESS & CO. ORLANDO, L.L.C			
		3		

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submits the following statement in order to	114 or 605.0116, Florida Statutes, the undersigned limited liability company or change its registered office or registered agent, or both, in the State of
1. Name of the Limited Liability Company:	GUESS & CO. ORLANDO, L.L.C.
2. (a) 534 SOUTH KANSAS AVENU Principal office address of limited list	
(Note: MUST BE STREET A	
STE.600	STE.600
TOPEKA, KS 66603	TOPEKA, KS 66603
12/13/2022	L22000523009
 Date of filing/registration in 	Florida 4. Document number
5. (a) LEGALINC CORPORATE SE	RVICES INC.
• •	n on the records of the Florida Dept. of State:
476 RIVERSIDE AVE	
Registered Office Address (MUST BE FL	ORIDA STREET ADDRESS
JACKSONVILLE	FL 32202 28 F
(b) Capitol Corporate Services, In Enter name of NEW Reststered Avent and/o	IC.
The thing of TP A. Resemble Visua and/o	
515 East Park Avenue 2nd Fl	
NEW Registered Office Address:	
Tallahassee	, FL_ 32301
the change or changes are made, the Florida sagent will be identical. Or, in the case of a F	seed under the laws of the State of Florida, it is hereby confirmed that after street address of the registered office and the business office of the registered forida limited liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherwise provided in greement of the limited liability company.
Jerry D. Guss	Jerry D. Guess
Signature of member or authorized representative of I hereby accept the appointment as registere provisions of all statutes relative to the properties obligations of my position as registered a to merely reflect a change in the registered on titled in writing of this change.	Printed or typed name of signee and agree to act in this capacity. I further agree to comply with the er and complete performance of my dulies, and I am familiar with and accept egent as provided for in Chapter 605, F.S. Or, if this document is being filed effice audiress, I hereby confirm that the limited Hability company has been
Jun Irelates	Brian Radecki, Assistant Secretary on
Signature of Registered Agent	behalf of Capitol Corporate Services, Inc.
Division of Corpo	rations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)