Division of Corporations

Florida Department of State

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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 : (813)229-1660 Fax Number

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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.

1. N	ame of the limited liability company: CP CORRIDO	OR AHC, LEC	:	
2. (a)	9393 W. 110TH STREET, SUITE 100	(h)	;)	
. ,	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability comp (Nate: MAY BE POST OFFICE BO.	-
	OVERLAND PARK, KS 66210	<u> </u>		
		····		
	January 18, 2023	1.	1.23000020127	
3.	Date of filing/registration in Florida	- <u>-</u> -	Document number	
5. (a)	CHRISTINA C. NETHERO, ESQ.			
	Registered Agent and Registered Office shown on the record	ls of the Florida I	Dept. of State:	
	SHUMAKER, LOOP & KENDRICK, LLP			
	Registered Office Address (MUST BE FLORIDA STRE	ET (DDRESS)	2	
	101 EAST KENNEDY BOULEVARD, SUITE 2800			
	Татря	. FL ³³⁶⁰²		
	CAPITOL CORPORATE SERVICES, INC.		207	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		2023 SEP 26	10000000000000000000000000000000000000
	NEW Registered Office Address:)
	515 EAST PARK AVENUE 2ND FL		A	(_
			7: 36	
	TALLAHASSEE	. FL. <u>32301</u>		
change agent v was 'wa the Briti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member of organization or the operating agreement of	the registered d liability com rs of the limite the limited lial	d office and the business office of the registe inpany, it is hereby confirmed that the changi ited liability company or as otherwise provid ability company.	ered e(s)
VCSM	fille of a member or authorized representative of a member	Desmo	nord Varady	<u>-</u>
I herei provisi the ohl to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and completions of my position as registered agent as proved reflect a change in the registered office address	ele performan	nce of my duties, and I am familiar with and	accept
	Tin Writing of this change.		decki, Assistant Secretary on Capitol Corporate Services, Inc.	