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Office Use Only



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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. Na	ame of the limited liability company:ENCORE COM	PLIANC	E LLC		·		
2. (a)	140 E. 45th Street, 29th Floor	C	(b)(b)				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-, <u> </u>	Mailing address of (Note: MAY BE		-	
	2 Grand Central Tower		2 Gran	nd Central Tower			
	New York, NY 10017		New Y	ork, NY 10017			
	January 26, 2023		L23000	0049362			
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)	DePetris, Scott						
J. (u)	Registered Agent and Registered Office shown on the records of Encore Compliance LLC, 4300 Biscayne Blvd.	the Florid	a Dept, of	State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			.1.	2		
	Suite 203				024 Sec		
	Miami	33137	, 			2024 OCT 28	-1 .
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(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ac	dress:		نے من پی	₽	
					골Ξ	2:0	
	Corporation Service Company				14 (20)	80	
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee, FI	32301					
change agent was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	register ability co of the lin	ed office ompany, nited liab	and the business of it is hereby confirmation or a	office of the ned that th	e regi e cha	istered nge(s)
/s/ Patrick Olson, Authoriz				•			
_	sture of a member or authorized representative of a member			Printed or typed i	_		
provis the ob- to mer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to ac perform d for in t hereby c	t in this c vance of t Chapter onfirm th	capacity. I further my duties, and I am 605, F.S. Or, if thi hat the limited liabi	agree to co i familiar v is documen ility compa	omply vith a at is b my ha	with the and accept eing filed as been
	doey M. Lakard						
Si gna ti Lindse	ire of Registered Agent y M. Lockard, Assistant Vice President on behalf of Corporation S	Service Co	mpany				
	Division of Corporations • P.O.	Box 632	7• Talla	ihassee, FL 32314			

FILING FEE: \$25.00

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