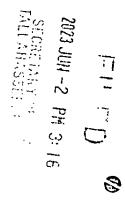
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Address)
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WAIT MAIL
Business Entity Name)
Document Number)
Certificates of Status
iling Officer:
JUN S MORNE

Office Use Only



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## **CT CORP**

## (850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

D	ate:	06/02/2023	072 W: DW
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Thank you!

## 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)		(b)	
(6)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6327 Edgewater Drive		
	Orlando, FL 32810		
	03/09/2023	1,230	000109721
(a)	Date of filing/registration in Florida SMITH, MARC M	4.	Document number
(4)	Registered Agent and Registered Office shown on the records 6327 EDGEWATER DRIVE	of the Florida Dept	of State: TALL AND SECRET SECR
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	等 1
	ORLANDO	FL_32810	
(b)	C T Corporation System		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office address	:
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	. FL 33324	
ie chi gent i ias/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite tere authorized by an affirmative vote of the membe icles of organization or the operating agreement of	s of the registere d liability compa ers of the limited	any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	Hany S. Kanyon  There of J member or authorized representative of a member	021.00	S. Kenyon
here rovis he ob	The oid member or authorized representative of a member thy accept the appointment as registered agent and cions of all statutes relative to the proper and compo- ligations of my position as registered agent as prov- ely reflect a change in the registered office address and in writing of this change.	Language to and in	Printed or typed name of signee  Phis capacity. I further agree to comply with the  e of my duties, and I am familiar with and accep- over 605, F.S. Or, if this document is being filed  rm that the limited liability company has been

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