7/26/23, 9:00 AM

Division of Corporations

Florida Department of State

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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LLC REGISTERED AGENT CHANGE **VOTION ACO 2, LLC**

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To:

Votion ACO 2, LLC

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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

I. N	ame of the limited liability company: Votion ACO 2, L.	LC —		
2. (a)	601 S. HARBOUR ISLAND BLVD	RBOUR ISLAND BLVD		
_, ,,,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 200		SUITE 200)
	TAMPA, FL 33602 TAMPA,		FL 33602	
	06:02/2023		L23000269	003
3.	Date of filing/registration in Florida	4.		Document number
5. (a	ALEXIMEYER			
-	Registered Agent and Registered Office shown on the records of t 601 S. HARBOUR ISLAND BLVD		···	- ::
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 200			
	TAMPA,FL	33602		202
(b)	C T Corporation System			APPROANT AN FILE
(2)	Einter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office as	ldress:	PROVED AND FILED 26 AM II: 41 ANY OF STATE ANSSEL FI MAP
	NEW Registered Office Address:			
	1200 South Pine Island Road			· · · · · · · · · · · · · · · · · · ·
	Plantation, FL_	33324		
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	the reg bility c f the lir	istered office ompany, it is nited liability	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
Michael Haber				Michael Haber
-	iture of a member or attiffort? To resentative of a member			Printed or typed name of signee
provis the ob to mer notifie	thy accept the appointment as registered agent and agrains of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change. CT Corporation System	perfori d for in ereby c	nance of my o Chapter 603 confirm that i	duties, and Lam familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
By: Signate	tre of Registered Agent	L. EMER	ICK, ASSISTANT	SECRETARY