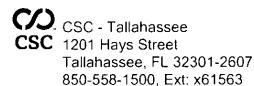
V V	(Requestor's Name)				
- 	(Address)				
<u>. </u>	(Address)				
	(City/State/Zip/Phone #)				
 . □ PICK-U	P WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
 Certified Copies	Certificates of Status				
Special Instructions to Filing Officer					
	1. HORNE 2024				
	Office Use Only				



700436604337

3 2024 OCT -3 KIM: 59

2024 OCT -3 AH 11: 16 RECEIVED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 10/03/24 Order #: 1637930-1

Re: SMOKIN OATS INVESTMENTS LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

l. Na	me of the limited liability company: SMOKIN OATS	INVES	MENTS LI	.c	
		(b)		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7950 JONES BRANCH DRIVE SUITE 700N		7950 JO	NES BRANCH DRIVE SUITE 700N	
	MCLEAN, VA 22107	- -	MCLEAN	N, VA 22107	
	01/18/2024		L2400003	36032	
3.	Date of filing/registration in Florida	4.		Document number	
5 (=\					
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Sta	_ te:	
	VADILLO, MANUEL J, ESQ.		·	Ti di	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>S)</u>	- 2	
	3105 NW 107TH AVE SUITE 103				
	DORAL	33172		10240CT-3 11111:59	
	,,,,	I.u			
(b)					
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ac	ddress:	. 99	
	Corporation Service Company				
	NEW Registered Office Address:		,	_	
	1201 Hays Street			_	
	Tallahassee	32301			
	, FI	L		_	
change agent w was/we the arti	imited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	register ability co of the lin limited	ed office ar ompany, it nited liabili liability cor	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in appany.	
	files Mikolas	Mil	es Mikolas,	. -	
-	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl. to merc	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I'm writing of this change.	ree to ac perform d for in hereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	re of Registered Agent	GRAC	CE E. KIRB	Y, ASST. VICE PRESIDENT	