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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

submit. Floride	s the following statement in order t a.	o change its regis			egistered ag	gent, or both,	in the S	State of
l. Nai	me of the Limited Liability Company:	I SULT HILLY	1101					
2. (a)	250 S. AUSTRALIAN AVENU Principal office address of limited lia (Note: MUST BE STREET A	ibility company:	_ (` '	OUTH DIXIE HIGHWAY, PMB 19 Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	SUITE 1300		_					
	WEST PALM BEACH, FL 33410			WEST PALM BEACH, FL 33401				
	3/4/2024			L24000)111276	5		
3.	Date of filing/registration in	Florida	4,		Document	number		
5. (a)	UNIVERSAL REGISTERED Registered Agent and Registered Office shows 1317 CALIFORNIA STREET Registered Office Address (MUST RE F.)		e Flori	·	- e· -			
	TALLAHASSEE	, FL	323	04	-		2024 AUG -9	,
(p)	Capitol Corporate Services, In Enter name of <u>NEW Registered Agent</u> and/	,	Mice #	ddress:	-		9-9	FILE
	515 East Park Avenue 2nd Fl	<u> </u>			-	1 	PM 4: 90	00
					-	· · .	Ö	
	Tallahassee	, FI	323) 1	_			
the cha agent v was/we	imited liability company is not organing or changes are made, the Florida will be identical. Or, in the case of a least authorized by an affirmative vote of the organization or the operating a	street address of the Florida limited liab of the members of	he reg sility o the li	istered office company, it is mited liabilit	e and the bushes hereby convi- vicompany (isiness office o infirmed that th	f the rep e chang	gistered ge(s)
	Jim Giudice			Jim Giudic	e GC,	/CLO		
I herei provisi the obl to mere	ture Na Herikie of authorized representative by accept the appointment as register ligations of my position as registered ely reflect a change in the registered of in writing of this change.	ed avent and avre	e to a erfori for in ereby	ct in this cap nance of my Chapter 603 confirm that	acity. I furt	ped name of signe ther agree to co I am Jamiliar of If this documen liability compo	omnly w	vith the I accept 1g filed been
<u>3</u>	- Brilisti	Brian Ra	adec	ki, Assista	nt Secreta	ary on		
Signatu	re of Registered Agent	behalf o	f Ca	pitol Corpo	rate Serv	rices, Inc.		

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