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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 840068 7681421

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : December 16, 2024

ORDER TIME : 12:0 PM

ORDER NO. : 840068-022

CUSTOMER NO: 7681421

## CHANGE OF AGENT

NAME: BARDI HOLDINGS, LLC

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING:
	_ CERTIE _ PLAIN		COPY MPED COPY				

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: \_\_\_\_\_\_

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

<sup>1</sup>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: BARDI HOLD	INGS, LLC		
2. (a)		(b	)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	,	Mailing	address of limited liability company:  MAY BE POST OFFICE BOX)
	1000 SAVAGE COURT #200		1000 SAVAGE (	COURT #200
	LONGWOOD, FL 32750		LONGWOOD, F	L 32750
	05/08/2024		L24000207763	
3.	Date of filing/registration in Florida	4.	Docum	ment number
5. (a)				
-, (-,	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	
	ASSURED COMPLIANCE SERVICES, LLC			
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS	2	
	1615 WOODWARD ST.			7. 20
	ORLANDO	FL 32803	<del></del>	2021 DEC 7826 AH
(b)				S) <b>0</b> 1
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office ad	dress:	
	Corporation Service Company			E STATE OF THE STA
	NEW Registered Office Address:		<del></del> -	िक्र हैं है है । । । <del>वेड</del> क्रेक
	1201 Hays Street			
	Tallahassee	FL <sup>32301</sup>		
1645	Colored Publications of the second of the se		C	. To bound on the control of the con
change agent v was/w	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of the street and the corrections.	the registere Hiability co s of the lim	d office and the bi mpany, it is hereb ited liability comp	usiness office of the registered y confirmed that the change(s)
/s/ <b>I</b>	Thilip K. Calandrino	Phil	p K. Calandrino, A	Authorized Person
Signa	ture of a member or authorized representative of a member		Printed	for typed name of signee
provis. the obt to mer	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d in writing of this change.	igree to act de performa ded for in C I hereby co	in this capacity. I ince of my duties. Thapter 605, F.S. Infirm that the limi	I further agree to comply with the and I am familiar with and accept Or, if this document is being filed ited liability company has been
Signati	Inca CKUDIC	GRACE E.	KIRBY, ASST. V	/ICE PRESIDENT