L24000213883

| | (Requestor's Name) | | | |
|-------------------------|------------------------------|--|--|--|
| | | | | |
| | (Address) | | | |
| ···· | (Address) | | | |
| | (City (Shale 7):= (Dhane #1) | | | |
| | (City/State/Zip/Phone #) | | | |
| PICK-UF | WAIT MAIL | | | |
| | (Business Entity Name) | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates of Status | | | |
| Special Instructions to | Filing Officer: | | | |
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| L | | | | |

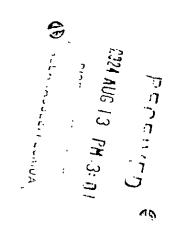
Office Use Only

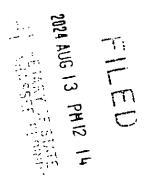


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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 + Tallahassee, Florida 32301 (850) 224-8870 + 1-800-342-8062 + Fax (850) 222-1222

| 3428 GULF BREEZE I | <u>PARKWAY</u> | OPS | | |
|--------------------|----------------|------|---------------|--------------------------------|
| LLC | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | Art of Inc. File |
| | | | | LTD Partnership File |
| | | | | Foreign Corp. File |
| | | | | L.C. File |
| | | | | Fictitious Name File |
| | | | _ | Trade/Service Mark |
| | | | | Merger File |
| | | | | Att, of Amend, File |
| | | | • •• | RA Resignation |
| | | | | Dissolution / Withdrawal |
| | | | | Annual Report / Reinstatement |
| | | | | Сен. Сору |
| | | | .⊈ | Photo Copy |
| | | | - | Certificate of Good Standing |
| | |] | ••• | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | | | Corp Record Search |
| | | | | Officer Search |
| | | | | Fictitious Search |
| Signature | | | • | Fictitious Owner Search |
| | | | | Vehicle Search |
| | | | | Driving Record |
| Requested by:BA | 08/13/24 | | | UCC Lor 3 File |
| | Date | Time | | UCC 11 Search |
| | | | | UCC 11 Retrieval |
| Walk-In | Will Pick Up | | | Courier |

COVER LETTER

TO:

INHS18 (2/14)

| TO: | Registration Section Division of Corporations | | | | | | | | |
|--------------------------|--|-----------------------------------|--|--|--|--|--|--|--|
| SUBJF | 3428 GULF BREEZE PARKW | 3428 GULF BREEZE PARKWAY OPS LLC | | | | | | | |
| o o b o b | | Name of Limited Liability Company | | | | | | | |
| Dear Si | r or Madam: | | | | | | | | |
| The end | closed Registered Agent/Registered | Office Change and fo | ec(s) are submitted for filing. | | | | | | |
| Please | return all correspondence concernin | g this matter to the fo | ollowing: | | | | | | |
| JACKY | VILLALOBOS | | | | | | | | |
| | Name of Person | · | _ | | | | | | |
| FILEJE | T INC. | | | | | | | | |
| | Firm/Company | | _ | | | | | | |
| 10440 F | PIONEER BLVD S TE 8 | | | | | | | | |
| | Address | | _ | | | | | | |
| SANTA | A FE SPRINGS, CA 90670 | | | | | | | | |
| | City/State and Zip Co | de | _ | | | | | | |
| REGIS | TEREDAGENT@FILEJET.COM | | | | | | | | |
| E | -mail address: (to be used for future | annual report notific | Tation) | | | | | | |
| For fur | ther information concerning this ma | itter, please call: | | | | | | | |
| JACKY | VILLALOBOS | 949 at (| 259-5955 | | | | | | |
| | Name of Person | ar (| Area Code & Daytime Telephone Number | | | | | | |
| | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | | | | |
| | Enclosed is a check for the follow | ving amount: | | | | | | | |
| 2 \$25 Filing Fee | | | \$55 Filing Fee & Certified Copy | | | | | | |

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: 3428 GULF BREE | ZE PAR | KWAY OPS | LLC |
|--|---|--|--|---|
| 2. (a) | 720 COOL SPRINGS BLVD | _ (b | 720 COOL | SPRINGS BLVD |
| (_, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (* | | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | SUITE 500 | | SUITE 500 | |
| | FRANKLIN, TN 37067 | _ | FRANKLIN | N, TN 37067 |
| | 05/07/2024 | | L240002138 | 83 |
| 3. 5. (a) | Date of filing/registration in Florida BUSINESS FILINGS INCORPORATED | 4. | I | Document number |
| J. (u) | Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD | e Florida | Dept. of State: | MA AUG 13 PHIZ |
| | Registered Office Address (MUST BE FLORIDA STREET A) | DDRESS | 2 | 10 TT |
| | PLANTATION ,FL | 33324 | | |
| (b) | FILEJET INC. | | | - 417 |
| | Enter name of NEW Registered Agent and/or NEW Registered C | Office ad | dress: | |
| | 625 E. TWIGGS ST. | | | |
| | NEW Registered Office Address: | - | | |
| | STE 110 | <u>.</u> | | |
| | TAMPA , FL | 33602 | | |
| change agent v was/we | imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability | egistere oility co the lim imited l | ed office and mpany, it is ited liability | the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. |
| | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| I herei provisi the obl to mere | by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he I in writing of this change. | e to act erforma for in C ereby co | in this capa ince of my d Chapter 605, onfirm that th | city. I further agree to comply with the |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent