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| | To: | Division of Corporations Fax Number : (850)617-6 | 6383 | |
| | E Sannual | Account Name : COMPUTERSH Account Number : 1104320030 Phone : (561)694-8 Fax Number : (561)214-8 email address for this busing report mailings. Enter only | ed for future lease.** | |
| a. | 2424 Jun DIVES | LLC REGISTERED AG OSI/FLEMING | | 2024 2014 |
| C. | 2024 UIL | LLC REGISTERED AG OSI/FLEMING Certificate of Status | 'S. LLC | FI JUL 3 |
| | 2024 DIVER | LLC REGISTERED AG OSI/FLEMING Certificate of Status Certified Copy | 'S. LLC | FILED |
| Cr. | DIVES | LLC REGISTERED AG OSI/FLEMING Certificate of Status | 'S. LLC | |
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pg 1 of 4

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.

| 1. | Na | me of the limited liability company: OSI/FLEMING'S | S. LLC | | | | | |
|----|-----|--|----------|---|-------------|---------------|-------------|-------|
| 2. | (a) | 2202 N West Shore Blvd., 5th Floor | | 2202 N West Shore Blvd., 5th Floor (b) | | | | |
| | . , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (b) | | | | |
| | | Tampa, FI 33607 | | Tampa, F | 33607 | | | |
| | | 04/05/2000 | | MIKRAKORK | 0653 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document nu | unber | | |
| 5. | (a) | Kelly Lefferts | | | | | | |
| | | 2202 N West Shore Blvd., 5th Floor Registered Office Address <u>(MUST BE FLORIDA STREET</u> | | | | | | |
| | (b) | Tampa F1 | 33607 | | | 2 • 1 . 1 | 202 | |
| I | | United Agent Group Inc. | | | | | ι L | N. |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registeree</u> | d Office | address: | _ | | 2024 JUL 31 | FILE |
| | | 801 US Highway 1 | | | | · · · · · · | PH | -90 < |
| | | <u>NEW</u> Registered Office Address: | | | | l: 85 | ۷ | |
| | | North Palm Beach, Fl | 33408 | | _ | | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Adia Myles, Attorney-in-Fact

Adia Myles Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Adia Myles Signature of Regenered Agent Adia Myles, Special Secretary

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314