M0200001937

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Maine)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer.					
- 200012					
J. DENNIS					
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FEED

NEORINED

-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	une of the limited liability company: LF, SOUTH BE	ACH, LL	.C	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7750 WISCONSIN AVENUE		7750 WI	SCONSIN AVENUE
	Bethesda, MD 20814		Bethesda, MD 20814	
	07/24/2002		M0200000	01937
3.	Date of filing/registration in Florida	- 4.		Document number
<i>.</i> / S				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of Sta	
	C T CORPORATION SYSTEM			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_
	1200 SOUTH PINE ISLAND ROAD			FCR F
	PLANTATION FI	33324		PILED 2024 NOV 21 PM SECRETARY OF IMPLANTARY
(b)				FST 3:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office a	<u>ddress</u> :	9: 39 TA SE
	Corporation Service Company			
	NEW Registered Office Address:	·		
	1201 Hays Street			_
	Tallahassee . FI	32301		
change agent v was/wa	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability c of the line limited	red 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.
	/s/ Andrew P.C. Wright	An —	drew P.C. V	Vright, Authorized Person
-	ture of a member or authorized representative of a member			Printed or typed name of signec
provisi the obl to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	ree to ac perforn ed for in hereby c	et in this cap iance of my Chapter 60 confirm 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
<u> </u>	Inace Cokuble GRACE E. KIRB	Y. ASST	. VICE PR	ESIDENT
Signatu	ire of Registered Agent			

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