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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					
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A. BUTLER
JUL 27 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 823010 7160018					
AUTHORIZATION: Spelle Cena					
COST LIMIT : \$ 25.00					
ORDER DATE : July 20, 2022					
ORDER TIME : 1:18 PM					
ORDER NO. : 823010-043					
ORDER NO. : 823010-043					
CUSTOMER NO: 7160018					
CHANGE OF AGENT					
NAME: AMTECK, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker					
EXAMINER'S INITIALS:					

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. N	Jame of the limited liability company: AMTECK,LLC			
2. (a)	1387 E. NEW CIRCLE ROAD		1387 E.	NEW CIRCLE ROAD
2. (1.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 135		SUITE 1	35
	LEXINGTON, KY 40505		LEXING	TON, KY 40505
	10/04/2002		M020000	02635
3.	Date of filing/registration in Florida	- 4.		Document number
5. (a)			
J. (a	Registered Agent and Registered Office shown on the records of	the Flori	da Dept, of Sta	te:
	C T CORPORATION SYSTEM		·	
	Registered Office Address	ADDRES	<u>5S)</u>	_
	1200 SOUTH PINE ISLAND ROAD			· 2
	PLANTATION	33324		PECRETOR TALL ARB
		·		
(b)				· · · · · · · · · · · · · · · · · · ·
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	
	Corporation Service Company			1 8: 50 1 8: 50
	NEW Registered Office Address:			- ; r, 0
	1201 Hays Street			_
	Tallahassee	32301		
		·		_
chang agent was/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registe ability c of the li	red office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Xie & a Onei	Jill	Cilmi, Auth	orized Person
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and agn ions of all statutes relative to the proper and complete digations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to ac perforn d for in hereby c	et in this cap lance of my Chapter 60, confirm that	acity. 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>C:</u>	I have Cokubly	Gr	ace E. Kirb	y, Asst. Vice President
Signati	ure of Registered Agent			