

(Requ	uestor's Name)	•				
	ress)					
(Addı	ress)					
(City/	State/Zip/Phon	e #)				
PICK-UP	MAIT	MAIL				
(Busi	iness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



900441638569

2025 JAH -2 PM 4: 19

FILED

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: RALP POLK, LL	_C	_				
2.	(a)		(1	b)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	Í	Mailing address of limit	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
		1777 WALKER ST, STE 501			1777 WALKER ST, STE 501			
		HOUSTON, TX 77010			HOUSTON, TX 77010			
		09/20/2004		ſ	M04000003994			
3.		Date of filing/registration in Florida	4.		Document number	-		
5.	(a)							
	(**/	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	Dept. of State:					
		Registered Office Address (MUST BE FLORIDA STREET.	(MUST BE FLORIDA STREET ADDRESS)			_		
		1200 SOUTH PINE ISLAND ROAD			ن 7 ایس:	2025 SEC		
		PLANTATION . FI	33324			FILLE 2025 JAN -2 PH SECKETARY OF TALLAHASSE		
	<i>,</i> ,,				72 <u>- 1</u> 2 - 12 - 12 - 12 - 12 - 12 - 12 - 12	2 Z		
•	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office ad-</u>			matching at the second			
						41717 57717		
		Corporation Service Company				- O		
		NEW Registered Office Address:						
		1201 Hays Street						
		Tallahassee, FL	32301					
cha age was the	nge nt w s/we arti-	mited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Mitzner	ws of the registere ability co of the lim limited l	ed om nit lia	d office and the business office apany, it is hereby confirmed t ted liability company or as oth	of the re that the c	egistered hange(s)	
S	ignat	ure of a member or authorized representative of a member		_	Printed or typed name	of signee		
pro the to n	visio obli nere ified	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. If I in writing of this change.	ree to act perform d for in C hereby co	t ir an Ch on	in this capacity. I further agre nce of my duties, and I am fam hapter 605, F.S. Or, if this do nfirm that the limited liability o	e to com viliar with cument is company	ply with the and accept being filed has been	
Sig) A natu	or of Registered Agent Grace E. Kirby, Asst. Vice President	lent					