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A. HUNT

02/06/24

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 280994_ AUTHORIZATION : COST LIMIT : ORDER DATE: January 23, 2024 ORDER TIME : 1:16 PM ORDER NO. : 280994-212 CUSTOMER NO: 8435053 CHANGE OF AGENT ANYWHERE INTEGRATED SERVICES NAME: LLCPLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland-sorenson

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: ANYWHERE IN	TEGRA	\T	ED SERVIC	ES LLC			
	(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 3001 LEADENHALL ROAD			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 175 PARK AVENUE				
		MOUNT LAUREL, NJ 08054	_	MADISON, NJ 07940					
		03/28/2005		ı	М05000001	640			
3.		Date of filing/registration in Florida	4.	_		Document n	umber		
	(b) _.	Registered Agent and Registered Office shown on the records of the CORPORATE CREATIONS NETWORK, INC. Registered Office Address (MUST BE FLORIDA STREET AND STREET AN		<i>DDRESS)</i> 33408				2017 July AH 10: 56	· · · · · · · · · · · · · · · · · · ·
		Tallahassee . FL	32301						
cha age wa the	inge ent w s/we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liar e authorized by an affirmative vote of the members of organization or the operating agreement of the	registe sbility c f the lis limited	rec or mi lia	d office and apany, it is ted liability ability comp	the busines hereby cont company o	s office firmed the r as other	of the hat the erwise	registered change(s)
S	ignat	ure of a member or authorized representative of a member				Printed or typ-	ed name c	fsigne	e
pro the to t	visio obli nere	y accept the appointment as registered agent and agroups of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have in writing of this change.	perforn I for in sereby o	nai Ci coi	ice of my di lapter 605, ifirm that th	city. I furth uties, and I F.S. Or, if ne limited lid ASST. VIC	am fami this doc ability c	liar w ument ompar	ith and accept is being filed iy has been
Sig	natur	e of Registered Agent	2.310	الميد					· =