## MU5000006652

(Re	questor's Name)		
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<b>,</b>			
(Add	dress)	<del></del>	
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(Cit	y/State/Zip/Phone	<del>:</del> #)	
	_	_	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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I			
(Do	cument Number) _ Certificates		

Office Use Only



700399443047

12/22/22--01008--029 \*\*\*900.00

A. RIVERS MAR - 7 2023

## 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.

2. (a)	2770 INDIAN RIVER BLVD	(	b)	IAN RIVER BLVE	·
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			•	nited liability company: POST OFFICE BOX
	SUITE 201		SUITE 20	i	
	VERO BEACH, FL 32960-4230		VERO BE	ACH, FL 32960-42	230
	12/05/2005		M05000006	682	
3.	Date of filing/registration in Florida	4.		Document numb	er
<i></i>	ALTON L LIGHTSEY				
5. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept, of State	<del>-</del> c:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>.s)</u>	-	
	2105 PARK AVENUE NORTH			_	
	WINTER PARK FI	32789	<del></del>		
				_	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			_	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	ddress:		2022 SE
	222 W COMSTOCK AVENUE			_	2022 DEC 22 I
	NEW Registered Office Address:				AR ASS
	SUITE 200			_	mo > 11
					FEST ST
	WINTER PARK , FI	_32789 L		_	9: 42 STATE
change agent v was/w	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 lighter authorized by an affirmative vote of the members incles of organization or the operating agreement of the	registe ability of of the li limited	red office an company, it is mited liabilit liability con	d the business off s hereby confirme y company or as npany.	confirmed that after the fice of the registered ed that the change(s)
	111	A l	TON L. LIGI	Printed or typed na	
	ture of a moniper or authorized representative of a member 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 by reflect a charge in the registered office address, I d in writing of this change.	ree to a	ct in this cap nance of my	. 10 4	A