M0600000683

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

Office Use Only



200439053462

FILED 2024 NOV 15 AM 9: 11

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.

	ame of the limited liability company:		'h)		
2. (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 WIS	SCONSIN AVENUE	
	Bethesda, MD 20814		Bethesda	MD 20814	
	02/06/2006		M0600000	00683	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	of the Flori	da Dept. of Sta	te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			202 35 35 35	
	1200 SOUTH PINE ISLAND ROAD			CRI X	
	PLANTATION	:L. <u>3332</u> 4		FIL 2024 NOV 15 SECRETARY	
(b)	Enter name of NEW Registered Agent and/or NEW Register			A COF	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	<u>ed Office :</u>	ddress:	- (1880) - (1880) - (1880) - (1880)	
	Corporation Service Company				
	NEW Registered Office Address:			_	
	1201 Hays Street			_	
	Tallahassee	32301 _{- ل}			
change agent was/w the art Signa	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the standard of the standard of the standard of the member of a member or authorized representative of a member of the appointment as registered agent and a dions of all statutes relative to the proper and completing tions of my position as registered agent as providedly reflect a change in the registered office address.	ne registe liability of sof the limited Ar	red office ar company, it is mited liability liability con adrew P.C. V	and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in impany. Vright, Authorized Person Printed or typed name of signee pacity. I further agree to comply with the	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

GRACE E. KIRBY, ASST. VICE PRESIDENT

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Signature of Registered Agent