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From: Kaity

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2021 DEC 14 PH 1:

C.

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)	No change	(b) N	o change				
2. (u)	Principal office address of limited liability company; (<u>Note: MUST BE STREET ADDRESS</u>)	(0)	Mailing address of limite	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)			
	05/05/2006		6000002527				
3.	Date of filing/registration in Florida	-1.	Document number				
5. (a)	CORPORATION SERVICE COMPANY						
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida Dep	n, of State:				
			<u>-</u> _	ALL	202		
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS)</u>		AH AH	0		
	1201 HAYS STREET		<u></u>	AS	EC	רי	
	TALLAHASSEE	FL		AHASSEE, FL	2021 DEC 14 PM	FILED	
(b)	C T Corporation System			F STAT FLORI	PM :	O	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office addrey	<u>5</u> :	IDA	(¦∶ ₁9		
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation	FL					
the cha agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of t	of the register l liability comp is of the limited	ed office and the business of any, it is hereby confirmed I liability company or as ot	that the c	ic regi: hange(sterea (s)	
	s/ Ann M. Hult		Hult, Authorized Representati	ive			
	ture of a member or authorized representative of a member		Printed or typed name of signee				

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. C T Corporation System /s/ Michele Holden, Assistant Secretary

Bv:

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 **FILING FEE: \$25.00**