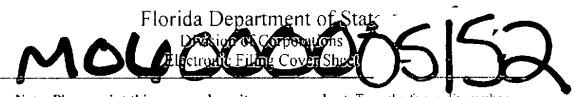
8/3/22, 2:24 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000262552 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 : (614)573-3996 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

## LLC REGISTERED AGENT CHANGE CONVIVA GROUP HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

ښ

## 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.

	No Change (b) No Change					
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	500 West Main Street					
	Louisville, KY 40202					
	09/19/2006	М	06000005152			
5. (a)	Date of filing/registration in Florida CORPORATION SERVICE COMPANY	4.	Document r	number		
(b)	Registered Agent and Registered Office shown on the records of	the Florida De	ept, of State:			
	Registered Office Address (MUST BE FLORIDA STREET) 1201 HAYS STREET	ADDRESS)				
	TALLAHASSEE .FL	32301-2525	<del></del>	$\mathscr{O}_{\mathscr{A}}^{2>\frac{7}{2}}$	20	
	C T Corporation System				2022 AUG - 3	
	Enter name of NEW Registered Agent and/or NEW Registered	Officenddre	<u> </u>	H SIAIL WSEELFI ORID	3 -3 AM	FILED
	NEW Registered Office Address:		·· <del>·</del>	9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	چ <u>ہ</u>	
	1200 South Pine Island Road			NID.	@) 	
	Plantation , FL	33324				
e cha gent v as/we	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ligger authorized by an affirmative vote of the members of the organization or the operating agreement of the	the registe ability composite limited lial	red office and the bus pany, it is hereby con d liability company o pility company.	siness office of firmed that the	the reg	gister c(s)
	ture of a member or authorized representative of a member	Joe Da	vis, Manager	ed name of signed	<del></del>	
here. ovisi e obi mer	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 ely reflect a change in the registered office address, I d in writing of this change.  **Communication System** Alfred Younan**	performan ed for in Ch hereby conj	this capacity. I furth	her agree to co	mply w	rith ti Lacce 19 fil heen