M06000006129

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S. CHATHAM

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SECYETARY OF STATE

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2025 OCT -6 AM 10: 1;

CORPORATION SERVICE COMPAN	13
1201 Hays Street	
Tallhassee, FL 32301	
Phone: 850-558-1500	

ACCOUNT NO. : 12000000195											
REFERENCE :											
AUTHORIZATION :											
COST LIMIT \$25.00											
ORDER DATE : 10/6											
ORDER TIME :											
ORDER NO. : 610932											
CUSTOMER NO:											
CHANGE OF AGENT											
NAME:											
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EXAMINER'S INITIALS:											

* 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. N	ame of the limited liability company: CLI	P/SPF HOLD	ING CC	MC	PANY II,	LLC			
2. (a)	6562 University Parkway, Ste 210.		t'	b)	250 CIVI	C CENTER D	R SUITE 50	00	
2. (4.)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SARASOTA, FL 34240			٠,.	ility com FICE BO				
				COLUMBUS, OH 43215					
	11/03/2006		_	M	10600000	06129			
3.	Date of filing/registration in Flo	rida	4.			Document nu	ımber		
5. (a)	NRAI SERVICES, INC								
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State				_ te:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		26		
	1200 South Pine Island Road	and Road				_	<u>.</u> سو)25	
	Plantation	FL	33324		- 		At the start Se	2025 OCT -	8 8 71 7743
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			_		6 AH 10: 12	A ACCOUNTS		
	NEW Registered Office Address:					_			
	1201 Hays Street					_			
	Tallahassee	FL	32301			_			
chang agent was/w the art	limited liability company is not organized e or changes are made, the Florida street a will be identical. Or, in the case of a Floriere authorized by an affirmative vote of the icles of organization or the operating agreed of a member or authorized representative of a street of a member or authorized representative of a	ddress of the da limited lia ne members o ement of the	register ability co of the lin limited C.1	ed om nite lial H.	office an pany, it i ed liabilit bility cor Waterma	nd the business is hereby confi ty company or inpany. an , Authorized Printed or type	office of the rimed that the as otherwised the state of the state of sign of the state	ne regis ne chan se provi	tered gc(s) ded in
provis the ob to me	eby accept the appointment as registered a ions of all statutes relative to the proper a ligations of my position as registered ager why reflect a change in the registered officed in writing of this change.	gent and agre nd complete j it as provided e address, I k	ee to ac perform d for in (tereby c	t ir ian Ch on,	i inis cap ce of my apter 602 firm that	acity, 1 furthe duties, and I a 5, F.S. Or, if t the limited lia	r agree to c im familiar his docume bility comp	compty with an oit is be- any has	with the d accept ing filed been
/S/ Signat	Grace E. Kirby ure of Registered Agent								