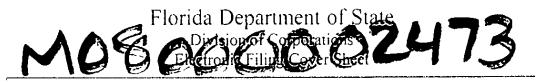
8/29/22, 1:50 PM

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.

(((H220002922003)))



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 Fax Number : (614)573-3996

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 CLP LEGACY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55,00

Electronic Filing Menu Corporate Filing Menu

HelpT. LEMIEUX

AUG 3 0 2022

1/1

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	No	change
Principal office address of limited liability (Note: MUST BE STREET ADDRI	company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
05/27/2008	M080	000002473
Date of filing/registration in Flor	ida 4.	Document number
Registered Agent and Registered Office shown on 450 S. ORANGE AVENUE Registered Office Address (MUST BE FLORI)		
ORLANDO	, FL 32801	2022 AUG 29
C T Corporation System		AUG 29
Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:	ED AM
NEW Registered Office Address:		01810 OLATE
1200 South Pine Island Road		·. —
Plantation	, FL ³³³²⁴	
nange or changes are made, the Florida street will be identical. Or, in the case of a Florida vere authorized by an affirmative vote of the ticles of organization or the operating agreed	et address of the registered la limited liability compar e members of the limited l ement of the limited liabili IOE DAV	e of Florida, it is hereby confirmed that after d office and the business office of the registerny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. /IS, MANAGER Printed or typed name of signee
reby accept the appointment as registered as sions of all statutes relative to the proper as bligations of my position as registered agentifications of my position as registered agentification writing of this change. C T Corporation System Will Held the Holden, Asst Sect Will Held the State of the Holden, Asst Sect Will held the State of the Holden and the State of the Holden and the Holden asst Sect Will held the State of the Holden and the State of the Holden asst Sect Will held the State of the State of the Holden asst Sect with the State of	gent and agree to act in the nd complete performance t as provided for in Chapt andress, I hereby confir	Printed or typed name of signee his capacity. I further agree to comply with of my duties, and I am familiar with and active 605, F.S. Or, if this document is being fin that the limited liability company hus been