M10000002877

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

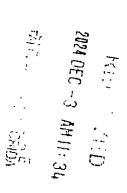
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2024 DEC -3 AMII: 46
TALLAHASSÉE, FLÓRÍÓA

FILED
2024 DEC -3 AMII: 46



CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 755036 (43800.61

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: November 7, 2024

ORDER TIME : 9:43 AM

ORDER NO. : 755036-319

CUSTOMER NO: 4380061

CHANGE OF AGENT

NAME: SEVILLE ACQUISITION, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

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.

I. Na	me of the limited liability company:	ISITION	I, LLC		
2. (a)	7750 Wisconsin Avenue		7750 Wisconsin Avenue		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	, <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Bethesda, MD 20814	_	Bethe	sda, MD 20814	
	06/25/2010		M10000	0002877	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of t C T CORPORATION SYSTEM Registered Office Address				
	1200 S PINE ISLAND RD			7024 TAL	
		33324		LAHA FIL	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	Office ad	ldress:	FILED 2024 DEC -3 AMII: 46 TÄLLAHASSEE FLÖRIÖA	
	Tallahassee, FL	32301			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of freanization or the operating agreement of the	register bility co f the lin limited	ed office ompany, nited liab liability o	and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. In I in writing of this change.	ee to ac perform I for in (sereby c	t in this c ance of i Chapter (onfirm th	capacity. I further agree to comply with the ny duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed out the limited liability company has been	
	re of Registered Agent e E. Kirby, Asst. Vice President				

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

INHS18 (2/14)