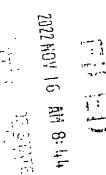
## M10000005565

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

Office Use Only



000395058130



ALLAHASSEE, FLOAT

RECEIVED 2022 NOV 16 AMII: 28

A. BUTLER NOV 17 2022

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

ACCOUNT N	O. : I2000000195			
REFEREN	CE : 116888 7143029			
AUTHORIZATI	ON : IN			
COST LIM	IT : S 25.00 mal			
ORDER DATE : November 7, 2	022			
ORDER TIME : 9:18 AM				
ORDER NO. : 116888-115				
CUSTOMER NO: 7143029				
CHANGE OF AGENT				
NAME: DUKE COPAN: LLC	S BUSINESS PARK 1-2,			
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis We:	iland			
	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.

(a)	1800 Wazoo Street, Suite 500	(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Denver, CO 80202		
	12/16/2010	M100	000005565
(a)	Date of filing/registration in Florida C T Corporation System	4.	Document number
(a)	Registered Agent and Registered Office shown on the records 1200 South Pine Island Road	of the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS)	
	Plantation	33324	
(b)			20221
(U)	Enter name of NEW Registered Agent and/or NEW Register		
	Corporation Service Company		
	NEW Registered Office Address:		·; **; 🛣 🔐
	1201 Hays Street		
	Tallahassee, l	FL	
nge nt w /we	imited liability company is not organized under the long changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	laws of the State he registered off liability compan s of the limited I	ice and the business office of the registered iy, it is hereby confirmed that the change(s) iability company or as otherwise provided in
/ M	ichael T. Blair	Michael 1	F. Blair, Authorized Person
	ture of a member or authorized representative of a member		Printed or typed name of signee
visie obli nere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provid ly reflect a change in the registered office address,	gree to act in thi le performance d led for in Chapte I hereby confirm	is capacity. I further agree to comply with th of my duties, and I am familiar with and acce er 605, F.S. Or, if this document is being file that the limited liability company has been
ified	In writing of this change.		ervice Company
- [	en M Lew		er, Asst. Vice President