111000002543

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

Office Use Only



600387571126

RECEIVED 2022 MAY 11 PM 3:38

PH 3: 38 20
REPORATIONS
ELECTRON

2022 HAY I I AM IO: 59

2022

fr. shalama

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195								
REFERENCE : 657435 8377254								
AUTHORIZATION :								
COST LIMIT : \$ 25.00								
ORDER DATE: May 4, 2022								
ORDER TIME : 2:07 PM								
ORDER NO. : 657435-218								
CUSTOMER NO: 8377254								
CHANGE OF AGENT								
NAME: MILLER PIPELINE, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Baker								
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.

	me of the limited liability company: Wheeleve in Early 18850 Crawfordsville Road	IE, LL(Inn Interstate	e North Circle, Suite 300	
!. (a) _.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	Mailin	rstate North Circle, Suite 300 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Indianapolis, IN 46234	_	Atlanta, GA 30339			
	05/18/2011		M11	000002543		
(a)	Date of filing/registration in Florida NRAI SERVICES, INC.	4.		Doc	ument number	
(a)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	ie Florio	la Dep	t. of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>			
(b) <u>.</u>	PLANTATION .FL	33324			2022 HA SECH TALL	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	ddress	<u>.</u>	PILED 2022 HAY II AH 10: 59 FIALL ALASSEE FALE	
	Corporation Service Company					
	NEW Registered Office Address: 1201 Hays Street				7E	
	Tallahassee FL_	32301				
iange gent w as/we e artic	mited liability company is not organized under the law or changes are made, the Florida street address of the roll be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egister oility c the lir imited	ed of ompa nited liabil	fice and the ny, it is here liability con ity company	business office of the registered by confirmed that the change(s) npany or as otherwise provided in '.	
	ure of a member or authorized representative of a member	Jill —	Cilmi	. Authorized		
hereb ovisio e obli mere	we of a member or puthorized representative of a member by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change.	e to ac erforn for in ereby c	t in the ance Chap onfiri	is capacity	ted or typed name of signee I further agree to comply with the s, and I am familiar with and accept. Or, if this document is being filed mited liability company has been	