M1100000041412

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) *tifted Copies Certificates of Status					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) tilied Copies Certificates of Status	(Requestor's Name)				
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) tilied Copies Certificates of Status					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) tilied Copies Certificates of Status	(Address)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) tilled Copies Certificates of Status	(/ local 0.33)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) tilled Copies Certificates of Status					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) *tilied Copies Certificates of Status	(Address)				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) *tilied Copies Certificates of Status					
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) *tilied Copies Certificates of Status	(Ch. (Clata Clin Dhana #)				
(Business Entity Name) (Document Number) tilled Copies Certificates of Status	(City/State/Zip/Prione #)				
(Business Entity Name) (Document Number) tilled Copies Certificates of Status					
(Document Number) titled Copies Certificates of Status	PICK-UP WAIT MAIL				
(Document Number) titled Copies Certificates of Status					
(Document Number) titled Copies Certificates of Status					
tilled Copies Certificates of Status	(Business Entity Name)				
tilled Copies Certificates of Status					
	(Document Number)				
pu sial Instructions to Filing Officer:	tilted Copies Certificates of Status				
ງສາal Instructions to Filing Officer:					
pe stal instructions to Hiling Officer:	· · · · · · · · · · · · · · · · · · ·				
	pe hal instructions to Hiling Officer:				

Office Use Only



400399756994

2023 JAH -3 AM 8:51

799 Jr. - 3 FH 3:3

A. BUTLER

JAN - 4 2023

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

ACCOUNT NO.	: I2000000195				
REFERENCE					
AUTHORIZATION	: Cypille Blessan				
COST LIMIT	: \$ 25.00				
ORDER DATE : January 3, 2023					
ORDER TIME : 1:19 PM					
ORDER NO. : 302788-015					
CUSTOMER NO: 7435849					
<u>CHANGE_OF_AGENT</u>					
NAME: BGR GOVERNMEI	NT AFFAIRS, LLC				
PLEASE RETURN THE FOLLOWING AS	S PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weila	and				
EX	KAMINER'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. Na	ame of the limited liability company:	ERNMENT AFFAIRS, LL	С		
2. (a)	601 THIRTEENTH STREET NW	(b) 601 THIF	(b) 601 THIRTEENTH STREET NW Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(-)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)				
	ELEVENTH FLOOR SOUTH	ELEVEN ⁻	TH FLOOR SOUTH		
	WASHINGTON, DC 20005	WASHING	WASHINGTON, DC 20005		
	08/16/2011	M1100000	4142		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
5. (u)	Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of Stat	- е:		
	Registered Office Address (MUST BE FLORIDA STRE 4767 NEW BROAD STREET	EET ADDRESS)	_		
	ORLANDO	. FL 32814	2023 JAN		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent and New Registered Agent Agen	stered Office address:			
	NEW Registered Office Address:		三型型 5		
	1201 Hays Street		- -		
	Tallahassee	, FL_32301	_		
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of	f the registered office and ed liability company, it is ers of the limited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in		
	/s/Todd Eardensohn	Todd Eardenso	hn, Authorized Person		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
provisi the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provity reflect a change in the registered office address in writing of this change.	l agree to act in this capa dete performance of my c vided for in Chapter 605 s, I hereby confirm that t	acity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
	/s/Grace E. Kirby	Grace E. Kirk	oy, Asst Vice President		
Signatu	re of Registered Agent				