M112000005932

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

Office Use Only



900422235619

2024 FEB 19 AM 11: 24

RECEIVED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

Enter new principal office address, if applicable:	602 W. Office Center Drive, Suite 200		
(Principal office address MUST BE A STREET ADDRESS)	Fort Washington, PA 19034		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
2. The Florida document number of this limited lia			
Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 11/2	00/0044		
SECTION II (5-9 complete only the applicable	changes)		
 New name of the limited liability company: (mus 	t contain "Limited Liability Co	mpany, ""L.L.C" or "LLC.")	
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company." "L.L.C	naging members adopting the a	business in Florida and attach a lternate name. The alternate nam	
6. If amending the registered agent and/or registere registered agent and/or the new registered office are		s, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid		
	Enter Florid		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper and accept the obligations of my position as regist	and complete performance of n	ny duties, and I am familiar with	

3. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:				
itle/ Capacity	<u>Name</u>	<u>Address</u>	Type of Action	
Aanaging Director	Warren "Wes" Vaughan Jr.	602 W. Office Center Drive, Suite 200 Fort Washington, PA 19034	≡ Add	
			□Remo	
			DAdd	
			□Remo	
			□Add	
			□Remo	
			□Add	
			□Remo	
			□Add	
aforemention	certificate, if required: no more than some than some distribution of which this entity is org	by the official having custody of records in the	□Remov	
	/s/ Alexa Rose Signature o	of the authorized representative		

Filing Fee: \$25.00