M1300005429

(Re	equestor's Name)			
(Ad	idress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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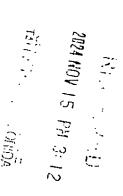
Office Use Only



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2024 NOV 15 AH 9: 24 SECRETARY OF STATE TALL AND SECRETARY

FILED



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: EDITION MANA	AGEMENT LLC	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7750 Wisconsin Avenue	7750 V	Visconsin Avenue
	Bethesda, MD 20814	Bethes	sda, MD 20814
	08/28/2013	M1300	0005429
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
5. (a)	Registered Agent and Registered Office shown on the records of CT CORPORATION SYSTEM	the Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1200 SOUTH PINE ISLAND ROAD		202
	PLANTATION . FI	33324	FIL 2024 NOV 15 SECRETARY "ALL ALLASS"
			HYSSEE BY 15 1
(b)	Enter name of NEW Registered Agent and/or NEW Registered	I Office address:	5 AM S
	Effect fiamle of NEW Registered Agent and/or NEW Registered	TOTHER Address.	E 37/
	Corporation Service Company		: 24
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee , FI	32301	
If the I	imited liability company is not organized under the la	ws of the State of	Florida, it is hereby confirmed that after the
agent v	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ability company, of the limited liab	it is hereby confirmed that the change(s) ility company or as otherwise provided in
	/s/ Andrew P.C. Wright	Andrew P.C	. Wright, Authorized Person
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	performance of n	ny duties, and I am familiar with and accept
Signatu	Inc. Cokuby GRACE E. KIRB'	Y. ASST. VICE P	RESIDENT

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