## M14000002723

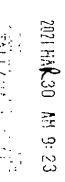
(Requestor's Name)				
(Address)				
` <i>,</i>				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Openial instructions to 1 ming officer.				





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D. BRUCE MAY 20 2021



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: March 26, 2021

Order#: 723331-008

Re: EXXCEL PROJECT MANAGEMENT, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX \_\_ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX \_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

2021 Ha €30 MH 9: 23

## STÅTEMENT 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:	DJECT MANA	AGEMENT, LLC
2. (a)	328 Civic Center Drive	(b)	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Columbus, OH 43215-5087	<del></del>	
	04/21/2014	М	14000002723
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent Solutions, Inc.		
, ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State  155 Office Plaza Drive, Suite A  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		~
	Tallahassee F	32301 L_	17ALL 2007 AM 9: 2
(b)	Enter name of NEW Registered Agent and/or NEW Registers  Corporation Service Company	ed Office addro	9. 23 E. 23
	NEW Registered Office Address:		
	1201 Hays Street		
	Tallahassee, F	L_32301	
change agent v was/w	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered ( iability comp of the limite	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
/s/ Jil	II Cilmi	Jill Cilr	ni, Authorized Person
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obl to merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It is writing of this change.	gree to act in e performanc ed for in Cha ' hereby conf	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed irm that the limited liability company has been
notifie	( li VV X ell	•	• •
Signatu	re of Registered Agent	Ami M. Cas	sper, Asst. Vice President