

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6383

From:
 Account Name : REGISTERED AGENT SOLUTIONS INC
 Account Number : I20100000062
 Phone : (888)705-7274
 Fax Number : (888)706-7274

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC REGISTERED AGENT CHANGE
OCALA OPERATOR, LLC

Certificate of Status	0
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ALL INFORMATION
HEREIN IS UNCLASSIFIED
DATE 01/11/2023 BY 60322/UC/STP

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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. Name of the limited liability company: Ocala Operator, LLC

2. (a) 1416 Clarkview Road Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 1416 Clarkview Road Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

Baltimore, MD 21209

Baltimore, MD 21209

12/9/2014

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3. Date of filing/registration in Florida 4. Document number

5. (a) TRAC - THE REGISTERED AGENT COMPANY Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

236 E.6th Avenue

Tallahassee, FL 32303

(b) Registered Agent Solutions, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2894 Remington Green Ln.

NEW Registered Office Address:

Ste. A

Tallahassee, FL 32308

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

1st Jaclyn Wright Signature of a member or authorized representative of a member

Jaclyn Wright Authorized Person Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mackenzie Hibler, Asst. Secretary Signature of Registered Agent