M1400009119

| (Requestor's Name) | | | | | | | |
|---|-------------------|-----------|--|--|--|--|--|
| | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| (Address) | | | | | | | |
| | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (Bu | siness Entity Nan | ne) | | | | | |
| | | | | | | | |
| (Do | cument Number) | | | | | | |
| Certified Copies | _ Certificates | of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| J. HORNE | | | | | | | |
| J. HORNE JUN 1 2 2023 | | | | | | | |

Office Use Only



600409455156

SECRETARY 4

023 JUN -9 PH 12: 26

RECEIVED

CORPORATION SERVICE COMPANY

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

| ACCOUNT NO. : 12000000195 | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| REFERENCE : 779287 8411978 | | | | | | | | |
| AUTHORIZATION: | | | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | | | |
| ORDER DATE : May 31, 2023 | | | | | | | | |
| | | | | | | | | |
| ORDER TIME : 8:45 AM | | | | | | | | |
| ORDER NO. : 779287-091 | | | | | | | | |
| CUSTOMER NO: 8411978 | | | | | | | | |
| | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| | | | | | | | | |
| NAME OF COMMETN A TARGET AND | | | | | | | | |
| NAME: LG GATLIN & IMPORT, LLC | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| AA FEATN SIMPED COFT | | | | | | | | |
| | | | | | | | | |
| CONTACT PERSON: Alexxis Weiland-sorenson | | | | | | | | |
| EXAMINER'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 | ime of the limited liability company: LG GATLIN & II | MPORT | , L | LC | |
|--------------------|-----------------------------------|--|---|------------------------|--|--|
| ? | (a) | | (| h) | ì | |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | , | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON) |
| | | 3500 Maple Ave. Suite 1600 | | | 3500 Map | ole Ave. Suite 1600 |
| | | Dallas, TX 75219 | | | Dallas, TX | K 75219 |
| | | 12/23/2014 | | | M1400000 | 9179 |
| 3. | | Date of filing/registration in Florida | 4. | | | Document number |
| 5. | (a) | | | | | |
| | | Registered Agent and Registered Office shown on the records of REGISTERED AGENT SOLUTIONS, INC. | the Floric | la | Dept. of Stat | e: |
| | | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | S | | _ |
| | 2894 REMINGTON GREEN LANE SUITE A | | | | | 20. St. IAI.I |
| | | TALLAHASSEE | 32308 | | | 2023 JUH - 9 SECON (AMY ALL AN (SS)) |
| | (b) | | | | | |
| | (5) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office a | dd | ress: | PH |
| | | Corporation Service Company | | | | PHI2:28 |
| | | NEW Registered Office Address: | - | | | 69 |
| | | 1201 Hays Street | | | | - <i>Q</i> A |
| | | Tallahassee , FL | 32301 | | | |
| cha age wa | ange ent w s/we arti | imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the JILL CILMI | register ability co of the lin limited | ed on nit lia | l office and pany, it is ted liability to the second secon | I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in |
| - 5 | Signat | ure of a member or authorized representative of a member | | | | Printed or typed name of signee |
| pro the to i | ovisie obli mere | ov accept the appointment as registered agent and agrous of all statues relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I fin writing of this change. | ee to ac perform d for in (iereby c | t ii Cli On | n this capa ice of my a apter 605, ifirm that t | ncity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been |
| Sig | gn atu i | e of Registered Agent | GRACE | ΞΕ | E. KIRBY. | ASST. VICE PRESIDENT |