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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

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

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LLC REGISTERED AGENT CHANGE ALFL HOLDINGS LLC

Certificate of Status Certified Copy 02 Page Count \$25.00 Estimated Charge

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APR - 6 2023

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. N	ame of the limited liability company: ALFL HOLD	INGS L	LC				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((b)	ted liability company: ST OFFICE BOX)			
	01/07/2015		M150000	301817			
3.	Date of filing/registration in Florida	— 4.	,	Document number			
F (C T CORPORATION SYSTEM						
5. (a	Registered Agent and Registered Office shown on the records of	of the Flori	da Dept. of State	- Y:			
	1200 SOUTH PINE ISLAND ROAD						
	Registered Office Address (MUST BE FLORIDA STREET	•					
	PLANTATION , F	_{L_} 3332	24				
(b)	Registered Agents Inc			2			
(0,	Enter name of NEW Registered Agent and/or NEW Registere	-	<u>.</u>	2023 4			
	7901 4th St N			,	ના સ્ત્ર સ્ત્ર સ્ત્ર	-	
	NEW Registered Office Address:					PM	ſ
	STE 300			_	93." 	<u> </u>	
	St. Petersburg, F	L_337(02			1: 25	
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the number of a member or authorized representative of a member	of the reg liability s of the li ne limited	gistered office company, it is imited liabilit	e and the business of s hereby confirmed t y company or as oth	ffice of the rep that the chang erwise provid	gistered ge(s)	
I her provi the ol to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complei pligations of my position as registered agent as provic rely reflect a change in the registered office address, ed in writing of this change.	gree to a te perfor led for it I hereby	nct in this cap mance of my n Chapter 605 confirm that	acity. I further agre duties, and I am fa 5, F.S. Or, if this do the limited liability	ee to comply w niliar with and cument is bein company hus	rith the faccept ng filed been	

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

David Roberts - Assistant Secretary
Signature of Registered Agent