## M1500000 2384

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Elliny Name)					
(Document Number)					
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Certified Copies Certificates of Status					
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RESERVA 31 PM 2: 39

MAY31 PANSO

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

ACCOUNT NO. : 12000000195						
REFERENCE : 7-7.9176 8405507						
AUTHORIZATION CARNEL BAN						
COST LIMIT : \$ 25.00						
ORDER DATE : May 31, 2023						
ORDER TIME : 2:19 PM						
ORDER NO. : 779176-015						
CUSTOMER NO: 8405507						
CHANGE OF AGENT						
NAME: PHOENIX BENEFITS MANAGEMENT LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY						
XXX PLAIN STAMPED COPY						
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.

	ame of the limited liability company:				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	;;	(b)		
	410 PEACHTREE PARKWAY SUITE 4225		410 PEA	ACHTREE PARKWAY SUITE 4225	
	CUMMING, GA 30041		CUMMIN	NG. GA 30041	
	03/10/2015	1	M1500000	02389	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	r				
	Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of Stat	ate:	
	File Florida Co.				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			— (2)	
	629 SW 1st Ave.				
	Fort Lauderdale				
(b)	Enter name of NEW Registered Agent and/or NEW Regist		ress:	PH 2: 39 SSEE.FL	
	Corporation Service Company			39 FL	
	NEW Registered Office Address:	<del></del>		<del>-</del>	
	1201 Hays Street			_	
	Tallahassee	. FL		<u> </u>	
change agent v was/w	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	f the registered d liability cor ers of the limi	l office an npany, it i ted liabilit	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
/s/ Shei	ila Chapman	Shei	la Chapma	nan, Member	
Signa	iture of a member or authorized representative of a member		•	Printed or typed name of signee	
provisi the obt to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compl ligations of my position as registered agent as prov ely reflect a change in the registered office address d in writing of this change.	l agree to act i lete performa vided for in Ci s, I hereby coi	n this cap nce of my hapter 605 nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accepts, F.S. Or, if this document is being filed the limited liability company has been	

Signature of Registered Agent
Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314