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M15000010341

(Requestor's Name)			
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(City/State/Zip/Phone	#)		
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	MAIL		
(Business Entity Name	e)		
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			



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

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			ACCOUNT NO. : I2000000195	
			REFERENCE : 975385 8422187	
			AUTHORIZATION : 1 Spiele man COST LIMIT : (\$ 25.00	
			COST LIMIT : \$ 25.00	_
ORDER	DATE	:	September 7, 2023	
ORDER	TIME	:	9:10 AM	
ORDER	NO.	:	975385-025	

CUSTOMER NO: 8422187

CHANGE OF AGENT

NAME: FLUENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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.

	Principal office address of limited liability company:	(b)Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	300 Vesey Street 9th		300 Vesey Street 9th
	Floor New York, NY 10282		Floor New York, NY 10282
	12/29/2015		M15000010341
	Date of filing/registration in Florida		Document number
(a)			
(,	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State:
	NRAI SERVICES, INC.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	
	1200 SOUTH PINE ISLAND ROAD		S SR T
	PLANTATION FI	33324	TALLAHASSEE. FLORIDA
(h)			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	I Office ac	ddress:
			ADD ATE
	Corporation Service Company		<i>L</i>
	<u>NEW</u> Registered Office Address:		
	1201 Hays Street		
	Tallahassee	32301	

/s/ JILL CILMI

JILL CILMI, AUTHORIZED PERSON

Signature of a member or authorized representative of a member

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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. GRACE E KIRBY, ASST. VICE PRESIDENT

Signature of Registered Agent

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