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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:	
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## LLC REGISTERED AGENT CHANGE IN-HOUSE CAPITAL LLC

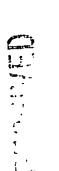
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OCT 12 2023

K. Brumbley



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## **COVER LETTER**

TO: Registration Section Division of Corporations IN-HOUSE CAPITAL LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Whalen Name of Person Registered Agent Solutions, Inc. Firm/Company 5301 Southwest Pkwy, Suite 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen 705-7274 888 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: □ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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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.

L N	nme of the limited liability company: IN-HOUSE	CAF	ITAL L	LC.			
2. (a)	6620 Southpoint Drive	(b) 6620 Southpoint Drive					
•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Suite 230	_ (0)		Mailing address o (Note: MAY B	f limited liabilit		-
	Jacksonville, FL 32216	<del>-</del>	Jacks	onville, FL	32216		
	09/15/2016	_	M1600	0007344			
3.	Date of filing/registration in Florida	4.		Document nur	mber		
5. (a)	BLUMBERGEXCELSIOR CORPORATE SE	RVIC	ES, INC.				
, ,	Registered Agent and Registered Office shown on the records of the 155 OFFICE PLAZA DRIVE 1ST F Registered Office Address (MUST BE FLORIDA STREET AL	LOO	R	• ::			
	TALLAHASSEE	32301	l			2023 OCT 1 1	7
(b)	Registered Agent Solutions, Inc.					)CT	7,7
(-)	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	[055]	•	•		三名
	2894 REMINGTON GREEN LN.					PH 12: 1,4	8
	NEW Registered Office Address;					=-	
	STE. A				ī.·	£	
	TALLAHASSEE	32308					
the char agent w was/we	mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the limited liab.	ne registe ility con the limit	ered office npany, it is ed liability	and the busine hereby confing company or a	ess office of t med that the	he regi: change(	stered (s)
/s/	Traci Krieger Thompson	Trac	i Krieger	Thompson	Authorize	d Pers	son
	are of a member or authorized representative of a member			Printed or typed i	-		
the obli to mere notified	y accept the appointment as registered agent and agree ins of all statutes relative to the proper and complete pegations of my position as registered agent as provided for reflect a change in the registered office address. I here in writing of this change.  Mackenzie Hibler, Assistant Secretary	to act in erforman or in Ch reby con	n this capa ice of my a iapter 605, ifirm that t	city. I further htties, and I an F.S. Or, if thi he limited liab	agree to com a familiar wit is document i ility company	iply wit h and a s being r has be	h the scept filed en
, , -	Mackenzie Hibler, Assistant Secretary			•			