

M. SOLOMON

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Electronic Filing Menu Corporate Filing Menu

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submi	ts the following state	u f sections 60 5.0114 or 605.011 ment in order to change its re	6, Florida <mark>Statutes</mark> , the undersigned limit gistered office_or registered agent, or s	ted liability company hoth; in the State of	
Floria 1. Na	la. Ime of the Limited Lial	1	OPMENT SPE, LLC		
2. (a)	8245 BOONE BLVD, STE. 640		(b) 8245 BOONE BLVD, STE. 640		
	•	ddress of limited lisbility company; IST BE STREET ADDRESS)	Mæiling eddross of limits Ovore: MAX BE POS		
	VIENNA, VA 221	82	VIENNA, VA 22182		
	10/6/2016		M1600008000		
3.	Date of filir	g/registration in Florida	4, Document number		
5. (a)		System gistered Office shown on the records of	the Elizable Deat of States		
	· · · ·	-	the Fiotical Dept. of State.		
		NE ISLAND ROAD **	(D)#FC0		
				. 2023	222
	PLANTATION	ल,		JAN .	
		·			
(b)	Capitol Corporat	6 Services, inc.	Office address:		
					
	515 East Park A	venue 2nd Fl		ှင့် မှု	
	<u>NEW</u> Registered Office	Address:		26	
	Tallahassee	, F1			
the cha agont n was/wi the arti	inge or changes are m will be identical. Or, cre authorized by an a icles of organization of Huntor	ade, the Florida street address o in the case of a Florida limited li		hat the change(s)	
	1 [°]	nzed representative of a member	Mark Hunter Primted or typed name of	af signee	
•		•	ree to act in this canacity. I further agree genformance of my duttes, and I am Jam I for in Chapter 603, F.S. Or, If this doe hereby confirm that the limited liability of	e to comply with the iliar with and accept nument is being filed company has been	
3im	- Parcherti	Brian	Radecki, Assistant Secretary on		
ទន្លោះជ	re of Registered Agent	behalf	of Capitol Corporate Services, In	iC.	

Division of Corporations P.O. Box 6327 Tallabassee, FL 32314 FILING FEE: S25.00

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