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(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: September 4, 2020

Order#: 411219-002

Re: STEP CG, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

· 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.

(a)	525 W. Fifth Street, Suite 332	(t	525 W.	Fifth Street, Suite 332
(4)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Covington, KY 41011		Covingt	on, KY 41011
	10/12/2016		M160000	008208
	Date of filing/registration in Florida	4.		Document number
(a)	BUSINESS FILINGS INCORPORATED			
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 South Pine Island Road			tate:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
41 .	Plantation	, FL_33324		
(b)	Enter name of NEW Registered Agent and/or NEW Regis		ldress:	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>		ldress:	
(b)	Enter name of NEW Registered Agent and/or NEW Regis		ldress:	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent </u>		ldress:	
ange ent v	Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	tered Office ac , FL 32301 te laws of the f the register ed liability corers of the lin	e State of I red office a ompany, it nited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in

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.

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company

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