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K. SALY

JUL 15 2024

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

Pursud submit Florid	ant to the provisions of sections 605.0114 or 605.01 is the following statement in order to change its r la.	egistered	office or reg	e undersigned limited liability company istered agent, or both, in the State of		
i. Na	me of the Limited Liability Company:					
2. (a)	2755 East Oakland Park Blvd	(\	(b) PO Box 508			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	#200					
	Fort Lauderdale, FL 33306		Wayne, PA 19087			
	11/14/2016		M16000			
3.	Date of filing/registration in Florida	4.	[Document number		
5. (a)						
•	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of State:			
	1201 HAYS STREET					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES!	<u>2</u> 5	124 JUL 12 AM H: 36		
	TALLAHASSEE	FL 3230	1-2525	= = = = = = = = = = = = = = = = = = = =		
	,			10 F		
(b)	Capitol Corporate Services, Inc.			<u>*</u>		
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	dress:			
				٠. ن ا		
	515 East Park Avenue 2nd Fl			<u> </u>		
	NEW Registered Office Address.					
	T. W.	2020				
	Tallahassee, ı	FL_3230	1			
the cha agent v was/wa the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited or authorized by an affirmative vote of the members of organization or the operating agreement of the members of the distribution of the distribution of the distribution of the members of the distribution of the operating agreement of the members of the distribution of the distributi	of the regi liability co s of the lin ne limited	stered office ompany, it is nited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
_	time of a member or authorized representative of a member			Printed or typed name of signoc		
I here provisi the obi to men notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to ac le perform ded for in l I hereby c	t in this capa cance of my d Chapter 605, onfirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed ne limited liability company has been		
	Brian	Radeck	ti, Assistan	t Secretary on		
Signalu	behalf of Capitol Corporate Services, Inc.					

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