M110000001696

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
ud)	Silless Entity Man	ne)				
(Do	cument Number)					
Certified Copies	_ Certificates	of Status				
Special Instructions to	Filing Officer:					
	3					

Office Use Only



000410165440

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 797458 8413710					
AUTHORIZATION : Spullede man					
COST LIMIT : \$ 25:00					
ORDER DATE : June 7, 2023					
ORDER TIME : 8:25 AM					
ORDER NO. : 797458-105					
CUSTOMER NO: 8413710					
CHANGE OF AGENT					
NAME: PURE PROGRAMS LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson					
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.

1.	Name of the limited liability company: PURE PROGR	AMS LLC		
2. (a	ATT: LEGAŁ & COMPLIANCE	(b)	ATT: LEGAL & COMP	LIANCE
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		of limited liability company: BE POST OFFICE BOX)
	300 COLONIAL CENTER DR., STE 200	4	4 South Broadway, Տւ	uite 301
	ROSWELL, GA 30076		Vhite Plains, NY 1060	1
	02/27/2017	М	17000001696	
3.	Date of filing/registration in Florida	4.	Document nu	umber
5. (a)			
J. (a)	f the Florida De	pt. of State:	
	CORPORATE CREATIONS NETWORK INC.			
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)		
	801 US HIGHWAY 1			
	NORTH PALM BEACH . F	 L 33408		2023. HH 20
(t				22 下
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office addre	<u>ss</u> :	j n n n 1
	Corporation Service Company			PM 3: 03 OF STATE
	NEW Registered Office Address:			FF CS
	1201 Hays Street			•
	Tallahassee	, 32301		
	· · · · · · · · · · · · · · · · · · ·	L		
If the	e limited liability company is not organized under the la ge or changes are made, the Florida street address of the	ws of the Sta	te of Florida, it is here	eby confirmed that after the
agen	t will be identical. Or, in the case of a Florida limited li	iability comp	any, it is hereby confi	irmed that the change(s)
	were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the			as otherwise provided in
	/s/ JILI. CILMI		CILMI, AUTHORIZ	ZED PERSON
Sig	nature of a member or authorized representative of a member		Printed or type	d name of signee
provi the o to me	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address. I led in writing of this change.	e performance ed for in Chaj hereby confi	e of my duties, and La pter 605, F.S. Or, if t rm that the limited lia	im familiar with and accept his document is being filed ibility company has been
Sign	Unco CANOL	GRACE E.	KIRBY, ASST. VICE	E PRESIDENT