(Requestor's Name)							
(Address)							
(Address)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 435363 7 8099729

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AUTHORIZATION

COST LIMIT : \$ 25.0

ORDER DATE: April 25, 2024

ORDER TIME : 1:39 PM

ORDER NO. : 435363-002

CUSTOMER NO: 8099729

CHANGE OF AGENT

NAME: CENTURY ADVISORY GROUP, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS:

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

i.	Na	me of the limited liability company: CENTURY AI	OVISO	RY (GROUP, L.L	.C.
2. (a)	300 TICE BOULEVARD		(b	300 TICE	BOULEVARD
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0		dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE 315			STE 315	
		WOODCLIFF LAKE, NJ 07677			WOODCL	IFF LAKE, NJ 07677
		03/14/2017			M17000002	2924
3.		Date of filing/registration in Florida	4.	·		Document number
5. ((a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Kevin, Keane				:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		131 OCEAN GRAND BOULEVARD UNIT 807				,
		JUPITER	FL 334	77		
(b) ,	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company			7024 APR 29 AM 11: 32	
		NEW Registered Office Address:				三
		1201 Hays Street				1: 32
		Tallahassee	FL_323	01		
char ager was/	ige it w /we	mited liability company is not organized under the or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the	aws of he regis liabilit s of the	the stere y co lim	ed office and mpany, it is ited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided it
/S/ Anthony Capellupo				Anthony Capellupo, Chief Financial Officer		
		ure of a member or authorized representative of a member				Printed or typed name of signee
prov the o to m	isio obli ere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple gations of my position as registered agent as providive reflect a change in the registered office address, in writing of this change.	gree to le perfo led for I hereb	act ormo in C <u>v</u> co	in this capa ince of my d Thapter 605, infirm that th	city. I further agree to comply with a uties, and I am familiar with and acc F.S. Or, if this document is being fi he limited liability company has been
Sign	atur	c of Registered Agent				
		E. Kirby, Asst. Vice President				

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 CSC 435363-2

INHS18 (2/14)