MM 00005366

(Re	questor's Name)	
(Ad	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
	WAIT	MAIL
(Bu	siness Entity Nam	ne)
	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use On]



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A. BUTLER JUL 2/2022 DocuSion Envolope ID: 0DF6307A-8C52-42DC-AB11-869CFE51EEFD

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.

I. N	ame of the limited liability company:	LC					
2. (a)		(1)				
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)					
	7590 DISCOVERY LANE		7590 DISC	OVERY LAN	IE.		
	CONCORD, OH 44077		CONCOR	D, OH 44077			
	06/23/2017		M17000005	366			
3.	Date of filing/registration in Florida	4.		Document nu	ımber		
5. (a)							
2. (u,	Registered Agent and Registered Office shown on the records o	f the Florid	Dept. of State	- c:			
	CORPORATION SERVICE COMPANY		·				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES		-			
	1201 HAYS STREET	<u>normus</u>	2	_	()	20;	
	TALLAHASSEE, F	L	525	_	ICRE	2022 JUL 26	e-span
						2	
(b)	Enter name of NEW Registered Agent and/or NEW Registere		<u></u>	-	HESSE	ő	i t + 102.44
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ad	dress:		500	AM	
	Universal Registered Agents, Inc.				E STN	AM 9: 07	Ú
	NEW Registered Office Address:			_		10	
	1317 California Street			_			
	Tallahassee, F	L_32304		_			
shang ngeni was/w he aft Sign I here provis he ob	limited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members teles of organization or the operating agreement of the strength of a member of authorized representative of a member aure of a member or authorized representative of a member ety accept the appointment as registered agent and ag ligations of my position as registered agent as provide why reflect a chappe in the registered office address, I d in writing of his change.	e registere iability co of the lim e limited l Brea Brea	ed office and ompany, it is inted liability iability com at Shelley	d the business s hereby confi y company or apany. Printed or type acity I furthe	s office of that irmed that as otherw d name of sig	the regi the cha ise prov	stered nge(s) vided in

Signature of Registered Agent

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00