Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Fmail | Address: | |
|--------|-----------|--|
| LIHALL | MUUI C33. | |

LLC REGISTERED AGENT CHANGE BULLTICK NEI, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
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2021 SEP 14 PT 12: 0

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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. No | ime of the limited liability company: Bullick Nel, LLC | | ·-·- | |
|-----------------------------|--|--|--|---|
| 2. (a) | | | (b) | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 333 SE 2nd Ave, Suite 3950 | 333 SE 2nd | | nd Ave, Suite 3950 |
| | Miami, FL 33131 | | Miami, F | L 33131 |
| | 10/10/2017 | | M1700000 | 8741 |
| 3. | Date of filing/registration in Florida | 4. | = | Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of Herrera, William A | the Fion | da Dept, of Sta | _ |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 4. F. 28 |
| | 333 SE 2nd Avenue, Suite 3950 | | | - S 8 |
| | Miami , FL | 33131 | | PILE 2021 SEP 14 PALL AriASSI |
| (b) | C T Corporation System Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| | | | | II: 28 |
| | NEW Registered Office Address: | | | |
| | 1200 South Pine Island Road | | | |
| | Plantation, FL | 33324 | | |
| the cha agent was/wa | imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | f the re ability of the l | gistered offi company, it imited liabil | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in |
| /s/William Herrera | | W | illiam Herrer | |
| • | ture of a member or authorized representative of a member | | | Printed or typed name of signee |
| provis the ob- to mer | the accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change. CT Corporation System | ree to c e perfoi ed for i hereby | ict in this co mance of m n Chapter 6 confirm tha | pacity. I further agree to comply with the values, and I am familiar with and accept 05. F.S. Or, if this document is being filed at the limited liability company has been |
| | tre of Registered Agent Denis Bell, Assistant Secretary | . . | | |