## M170000064

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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SECRETARY OF STATE

## 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. N	lame of the limited liability company: FLORIDA DISP	PATCHO	COLLC		
2. (a)			(b)		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	350 NW 1ST AVENUE STE 200		350 NW 1ST AVENUE STE 200		
	MIAMI, FL 33128	_	MIAMI, FL 33128 M17000008777		
	10/13/2017				
3.	Date of filing/registration in Florida	4.		Document number	
5. (a					
J. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  BERGMANN, CYNTHIA				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	350 NW 1ST AVENUE STE 200			241 3110	
	MIAMI	33128	1	2024 NOV 25 AM 11: 47 SECRETARY OF STATE TALL AND SEE EL GARD	
				5 E	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1 () 55		- 변유로 다	
	Enter name of NEW Registered Agent and/or NEW Registered	a Office a	idaress:		
	Corporation Service Company			Ten 1	
	NEW Registered Office Address:			_	
	1201 Hays Street		_		
	Tallahassee Fi	32301			
		<u> </u>		_	
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li	red office an company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	/s/ Kolleen Cobb	Ko	olleen Cobb,	Authorized Person	
Signature of a member or authorized representative of a member			Printed or typed name of signee		
I here provis the ob- to med notifie	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to a perforn d for in hereby	et in this cap nance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
	/ Grace E. Kirby		Grace E. Kirby, Asst Vice President		
Signat	ure of Registered Agent				