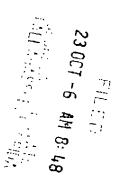
POPPODODOTIN

(Re	questor's Name))			
(Add	dress)				
(Add	dress)				
(Cit	y/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					
	OCT	9 2023			

Office Use Only



900416676109



TALL DISCUSSION OF THE ORIGINAL TO THE ORIGINAL THE ORIGIN

おいい マピロ 2023 OCT -6 PM 3:41 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195								
REFERENCE : 051775 7880484								
REFERENCE: 051775, 7880484 AUTHORIZATION: See Man								
COST LIMIT : \$ 25.00								
ORDER DATE : October 6, 2023								
ORDER TIME : 2:10 PM								
ORDER NO. : 051775-005								
CUSTOMER NO: 7880484								
CHANGE OF AGENT								
NAME: ASSOCIATION OF CERTIFIED ANTI-MONEY LAUNDERING SPECIALISTS, LLC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								

EXAMINER'S INITIALS:

CONTACT PERSON: Alexxis Weiland-sorenson

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.

l.	Na	me of the limited liability company: ASSOCIAT	TION OF (CERTI	FIED ANT	I-MONEY LAUNDERING SPECIALISTS, LLC
2	(a)	1100 Brickell Bay Drive		1100 Brickell Bay Drive		
	(4)	Principal office address of limited liability compar (<u>Note: MUST BE STREET ADDRESS</u>)	ny:	(.	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		#311090			#31109	0
		Miami, FL 33231			Miami, I	FL 33231
		11/21/2017			M170000	009909
3.		Date of filing/registration in Florida		4.		Document number
5.	(a)					
	()	Registered Agent and Registered Office shown on the reconfload FILING & SEARCH SERVICES, INC	ords of the	Florida	Dept. of Si	tate:
		Registered Office Address (MUST BE FLORIDA ST	REET AD	DRESS	<u> </u>	-
		155 OFFICE PLAZA DR STE A				5 3
		TALLAHASSEE	, FL	2301		OC7 -
						8 5
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> Corporation Service Company	gistered Of	fice ad	dress:	230CT-6 411 8: 48
		NEW Registered Office Address:				
		1201 Hays Street				
		Tallahassee	FL 32	2301		_
ch ag wa	ange ent w is/we arti	mited liability company is not organized under to or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limit reauthorized by an affirmative vote of the members of organization or the operating agreement of S/Nolan Aiken.	of the reg ited liabil ibers of tl	gistere lity co he lim nited l	d office a mpany, it ited liabil ability co	ind the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		ure of a member or authorized representative of a member	_		,	Printed or typed name of signee
pre the to no	ovisie obli mere tified	by accept the appointment as registered agent are one of all statutes relative to the proper and come gations of my position as registered agent as problem in the registered office address in writing of this change.	nd agree ipleie per ovided fo ess, I her	to act rforma or in C eby co	in this ca ince of my hapter 60 nfirm tha	pacity. I further agree to comply with the valuties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
,	_	E. Kirby, Asst. Vice President Division of Corporations	P.O. Box	x 6327	• Tallah	assee, FL 32314

FILING FEE: \$25.00

INHS18 (2/14)