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Division of Corporations



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Account Name ; C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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3 AM 9: 4

## LLC REGISTERED AGENT CHANGE CDO 1, LLC

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7. EEMIEUX AUG - 4 2022

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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

. No	nme of the limited liability company: CDO 1, LLC			
. (a)	No Change	(b) No Change		
• /	Principal oflice address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	500 West Main Street			
	Louisville, KY 40202	<del>-</del>		
	12/11/2017		М170000	10463
	Date of filing/registration in Florida	4,		Document number
(a)	CORPORATION SERVICE COMPANY			
(b)	Registered Agent and Registered Office shown on the records of t	he Floric	ia Dept. of S	tate:
				E7A
	Registered Office Address	DDRES	(5)	— <b>9</b>
	1201 HAYS STREET			22 4
	TALLAHASSEE , FL	32301-2	2525	F1L 34.767 ATT ATTASSE
	C T Corporation System			3 AM
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Offices	ldress:	FILED  AUG = 3 AM 9: 43  Aug = 3 AM 9: 43  Aug = 3 AM 9: 43
	NEW Registered Office Address:	· · · · ·		<u></u>
	1200 South Pine Island Road			<u></u>
	Plantation, FL_	33324		
e cha gent v as/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg bility c f the lin limited	istered off ompany, i nited liabi liability c	ice and the business office of the registers t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Side	ture of a member or authorized representative of a member	100	Davis, Ma	Printed or typed name of signce
-	by accept the appointment as registered agent and agre	,,,, tr	or an thin o	
ovisi e obl merc	ions of all statutes relative to the proper and complete in the registered agent as provided in writing of this change in the registered office address, I have a forgonation system of the composition of the change in the properties of th	perfori d for in ièreby c	nance of n Chapter to confirm the	w duties, and I am familiar with and acce 505, F.S. Or, if this document is being file at the limited liability company has been

Jure of Registyred AgenAssistant Secretary