Office Use Only



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ALLAHÁSSÉÉ, FLOR (2021 OCT -7 AHII: 48 CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 0291487 8117066					
AUTHORIZATION : Spelle than					
COST LIMIT : \$ 25.00					
ORDER DATE : September 23, 2021					
ORDER TIME : 9:39 AM					
ORDER NO. : 029148-036					
CUSTOMER NO: 8117066					
CHANGE OF AGENT					
NAME: ASCENSUS, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					

EXAMINER'S INITIALS:

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.

. (a)	200 DRYDEN RD		(b) 200	Dryden Road	
. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Attn: Jessica Alley		
	DRESHER, PA 19025			sher, PA 19025	
	01/08/2018		M180	00000191	
	Date of filing/registration in Florida	4.		Document number	
. (a)	LEGALINC CORPORATE SERVICES INC.				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5237 SUMMERLIN COMMONS BLVD			of State:	
	Registered Office Address (MUST BE FLORIDA STREET SUITE 400	ADDKE.	<u></u>	100T	
	FORT MYERS . F	33907			
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> Corporation Service Company	legistered Office address:			
	NEW Registered Office Address:				
	1201 Hays Street	•			
	Tallahassee F	32301			
iange gent w as/we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	registe ability of of the li	red offic ompany nited lia	ce and the business office of the registered v. it is hereby confirmed that the change(s) ability company or as otherwise provided in	
	Lie & Coni	Jil	Cilmi, A	Authorized Person	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
rovisie e obli mere	ov accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	ree to ac perform d for in hereby c	t in this iance of Chapter confirm	s capacity. I further agree to comply with th f my duties, and I am familiar with and acce r 605, F.S. Or, if this document is being file that the limited liability company has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent

Grace E. Kirby, Asst. Vice President of Corporation Service Company