11/4/22, 11:25 AM

To:

Division of Corporations

Florida Department of State Division of Corporators Pleason of Fining Cover Sport

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		∑ _₹
	Division of Corporations	SS
	Fax Number : (850)617-6383)FS
From:		日は
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA000000023	117
	Phone : (954)208-0845	
	Fax Number : (614)573-3996	
Enter an	the email address for this business entity to b nual report mailings. Enter only one email addre	oe used for future ess please.
Em	aail Address:	

LLC REGISTERED AGENT CHANGE WEBER GROUP II, LLC

Certificate of Status	0
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C. BRUMBLEY NOV - 7 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.

	5233 Progress Way	(b) 52.	33 Progress Way
-	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited limitity company: (Note: MAY BE POST OFFICE BOX)
	Sellersburg, IN 47172	Sel.	lessburg, IN 47172
	06/21/2018		8000005836
-	Date of filing/registration in Florida	4.	Document number
) _	CORPORATION SERVICE COMPANY		
	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
i	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1201 HAYS STREET		
	TALLAHASSEE		
	2 T Corporation System		7 4 5
ì	inter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	(/) <u></u>
	NEW Registered Office Address:		47.E
_	1200 South Pine Island Road		Marie
	Plantation	33324	
m vi	nited liability company is not organized under the la ge or changes are made, the Florida street address of Il be identical. Or, in the case of a Florida limited lie a authorized by an affirmative vote of the members of lesyof organization or the operating agreement of the	ws of the State f the registered fability compar of the limited I filmited liabili	toffice and the business office of the register man, it is hereby confirmed that the change(s) in ability company or as otherwise provided in
<u>ر</u> الثا	re of a member or authorized representative of a member		Printed or typed name of signee
Ьy	accept the appointment as registered agent and agens of all statutes relative to the proper and complete	ree to act in the performance of	