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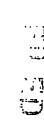
(Requestor's Name)				
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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 093190 /8038630

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : October 8, 2021

ORDER TIME : 2:20 PM

ORDER NO. : 093190-078

CUSTOMER NO: 8038630

CHANGE OF AGENT

NAME: SAYBRUS PARTNERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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.

1. Na	ame of the limited liability company: SAYBRUS PAR	RTNERS	S, LLC	
2. (a)	ONE AMERICAN ROW	((b) ONE AMERICAN ROW	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BON)	y:
	HARTFORD, CT 06102-5056	<u> </u>	HARTFORD, CT 06102-5056	
	10/03/2018		M18000009052	
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	Document number	
5. (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	~	
	PLANTATION FI	33324	921 OCT 13	: :
(b)	Enter name of NEW Registered Agent and/or NEW Registered	address:		
	Corporation Service Company		ထ <u>ှ</u> • <u>ထ</u>	العبيما
	NEW Registered Office Address: 1201 Hays Street			
	Tallahassee, FI	L_32301	1	
change agent was/w the art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members icles of organization or the operating agreement of the IS/ Gideon Moore	ws of the e register lability co of the lin	the State of Florida, it is hereby confirmed that aftered office and the business office of the register company, it is hereby confirmed that the change limited liability company or as otherwise provide diability company. Gideon Moore - Authorized Person	ed (s)
-	iture of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob- to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac perform d for in hereby c	act in this capacity. I further agree to comply wite mance of my duties, and I am familiar with and a n Chapter 605, F.S. Or, if this document is being confirm that the limited liability company has be	th the accept filed een
Signati	Drane C. Kuble Ire of Registered Agent			

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

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