M180000009373

(Requestor's Name)	•
(Address)	
(Adcress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	•
(Document Number)	
end Copies Certificates of Status	_
· fal Instructions to Filing Officer:	

Office Use Only



600402808636

2023 FFB 16 PH 12: 54



A. BUTLER

FEB 17 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195									
REFERENCE : 497186 8376866									
REFERENCE : 497186 8376866 AUTHORIZATION : 525.00									
COST LIMIT : \$25.00									
ORDER DATE : February 14, 2023									
ORDER TIME : 1:23 PM									
ORDER NO. : 497186-031									
CUSTOMER NO: 8376866									
CHANGE OF AGENT									
NAME: DELTA T 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:	:									
2	(a)	2348 Innovation Drive			(b) P.O. Box 11307							
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Principal office address of limited liability company: Mailing address of limited									
		Lexington, KY 40511			Lexington	, KY 40575						
		10/15/2018		Ν	/1800000s	9373						
3.		Date of filing/registration in Florida	4.		 :	Document nur	nber		-			
5	(a)	C T Corporation System										
٠.	(11)	Registered Agent and Registered Office shown on the records of	f the Flori	da [Dept. of State	- ::		rs				
		1200 South Pine Island Road, Suite 800					••	û23				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_		ú23 FFB	1			
							•	_				
		Plantation	. 3332	<u>, , , , , , , , , , , , , , , , , , , </u>		-		С·				
		Figure 1. Figure	L	.4		•		PH 12:	. · .			
							. ' <u>``</u>	<u>:2</u>	tues?			
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					,	51				
		Eller hanc of NEW Registered Agent and/or NEW Registere	u Omice a	ıuuı	ess.							
		Corporation Service Company										
		NEW Registered Office Address:			-	-						
		1201 Hays Street										
						•						
		Tallahassee, F	L32301									
cha age wa	ange ent w s/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 are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability c of the lii	red om mit	office and pany, it is ed liability	I the business of hereby confirm company or a	office of the	he regi	stered nge(s)			
/s/ Jill Cilmi Jill Cilmi, Au						rized Person						
		ure of a member or authorized representative of a member				Printed or typed	name of sig	nee				
I h pro the to i	ereb ovisio obli mere	ny 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 provide ly reflect a change in the registered office address, I in writing of this change.	ree to ac perforn ed for in hereby c	t ir nan Ch con	this capa ce of my d apter 605, firm that to	city. I further luties, and I an F.S. Or, if the he limited liab	agree to 1 familian is docume ility comp	comply with a ent is be cany ha	with the nd accept eing filed as been			
.,.,,	.,.cu	Celim Lei	•			Company						
Sig	natur	e of Registered Agent	Ami M.	Ca	sper, Assi	t. Vice Presid	ent					