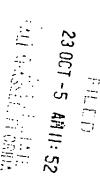
M18 0000 10972

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						
J. HORNE OCT - 6 2023						

Office Use Only



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2023 OCT -5 AMII: IL SECRETARY OF STATE ALLAHASSEE EL BERE

RECEIVED

CORPORATION SERVICE COMPANY

1201 Hays Street

.

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	: I	2000000	0195
REFERENCE	: 0	13618	8293887
AUTHORIZATION		, 17-	
COST LIMIT	: \$	25.00	il Kenan
ORDER DATE : September 22, 20		V (<i>フ</i>
ORDER TIME : 9:35 AM			
ORDER NO. : 013618-200			
CUSTOMER NO: 8293887			
CHANGE OF A	<u>.GENT</u>		
NAME: SS GIBSONTON,	LLC		
PLEASE RETURN THE FOLLOWING AS	PROO	F OF FI	LING:
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. N	ame of the limited liability company:	ON, LLC			
2. (a)	4901 Vineland Road Suite 350		(b)	4901 Vir	neland Road Suite 350
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0).		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32811		_	Orlando,	FL 32811
	12/05/2018		<u></u>	1180000	10972
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	Registered Agent and Registered Office shown on the records o COGENCY GLOBAL INC. Registered Office Address (MUST BE FLORIDA STREET)			ept. of Sta	_ te: _
	115 NORTH CALHOUN ST., SUITE 4				.5
	TALLAHASSEE, F	32301	_ _		230
(b)	Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company	ed Office a	<u>ad</u> dr	tss:	230CT-5 MAII: 52
	NEW Registered Office Address:				~~′
	1201 Hays Street				
	Tallahassee, F	L 32301			_
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited between authorized by an affirmative vote of the members icles of organization or the operating agreement of the /S/Jill Cilmi	e registe iability of of the li e limited	red com mite Hial	office an pany, it i ed liabilit pility con	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in in inpany. Description:
-	ature of a member or authorized representative of a member			e la tra	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 ligations of my position as registered agent as provide liver reflect a change in the registered office address, I d'in writing of this change.	ree to ac e perform ed for in hereby	nan Chi conj	re of my apter 603 irm that	duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
Signati	Wrase C.Kuby use of Registered Agent		U F8	ce c. NII	rby. Asst. Vice President