| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (Coosing in the cooperation) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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RECEIVED

FEB 14 DOT. ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 456952 8360133

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: February 3, 2022

ORDER TIME : 9:49 AM

ORDER NO. : 456952-244

CUSTOMER NO: 8360133

CHANGE OF AGENT

NAME: CCI ALLIANCE, 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.

| . Na | me of the limited liability company: | LLC | |
|---------------------------------------|--|--|--|
| | 111 W. 16th Avenue, Suite 201 | (b) ¹ | 10365 Railroad Drive, Dpt. 13001 |
| ·· (u) . | 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) |
| | Anchorage, AK 99501 | | El Paso, TX 79924 |
| | 01/23/2019 | M | 119000000983 |
| | Date of filing/registration in Florida | 4. | Document number |
| . (a) | C T Corporation System | | |
| . (2) | Registered Agent and Registered Office shown on the records of the | he Florida De | lept. of State: |
| | 1200 South Pine Island Road | | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | 3EC8 |
| | Plantation, FL | 33324 | SECRETARY TALLAHAS |
| (b) | | | ASSE |
| (0). | Enter name of NEW Registered Agent and/or NEW Registered | Office addre | <u>には</u> い |
| | Corporation Service Company | _ | FL FL |
| | NEW Registered Office Address: | | |
| | 1201 Hays Street | | |
| | Tallahassee, FL_ | 32301 | |
| hange gent w /as/wei | mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l | registered o bility comp f the limited | office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in |
| | l Cilmi | Jill Cilr | lmi, Authorized Person |
| hereb rovisio he obli o mere | | performance for in Chap ereby confi rporation S | Printed or typed name of signee this capacity. I further agree to comply with the ce of my duties, and I am familiar with and acce- apter 605, F.S. Or, if this document is being file firm that the limited liability company has been Service Company per, Asst. Vice President |