10/22/21, 11:59 AM

Division of Corporations



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## LLC REGISTERED AGENT CHANGE THORNTONS LLC

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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.

l. Na	ime of the limited liability company: THORNTONS LL	.C	<u>.</u>				
2. (a)	2600 JAMES THORNTON WAY		(b) 2600 JAMES THORNTON WAY				
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited li (Note: MAYRE POST C			
	LOUISVILLE, KY 40245		LOUISVIL	LE, KY 40245		<del></del>	
	02/12/2019		1190000013	538			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	CORPORATION SERVICE COMPANY			_			
	Registered Agent and Registered Office shown on the records of the	Registered Agent and Registered Office shown on the records of the Florida Dept of State					
	1201 HAYS STREET			_	20		
	Registered Office Address (MUST BE FLORIDA STREETA	2021 OCT 22 SEGLE //SE TALT //SE	77				
(b) .	TALLAHASSEE , FL	All S	∢				
	C T Corporation System	- ON CONTRACT	<b>AH</b> 10:	ED			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	,	8	2			
	NEW Registered Office Address:			-		9	
	1200 South Pine Island Road	_					
	Plantation, FL	33324		_			
the cha agent v was/wi	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of tion or the operating agreement of the	the registability cor of the limit	ered office upany, it is ed liabilit	e and the business offic s hereby confirmed tha y company or as others	ce of the r it the chai	registered 1ge(s)	
1 -	an Abarado	Jason	Alvarado		<del></del>		
I here provis the obi to mer	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.  CT Corporation System	ree to act i performa d for in C hereby coi	n this cap nce of my hapter 603 nfirm that	Printed or typed name of inactive. I further agree the duties, and I am familist. F.S. Or, if this document in the limited liability continued in the limited liability continued liability.	o comaly	with the nd accept ving filed is been	

Signature of Registered Agent

By: Terrie Bates, Asst. Secy.

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