Division of Corporations

Florida Department of State Division of Comoranions

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023

Phone : (954)208-0845

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: (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE FCI FEDERAL, LLC

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C. BRUMBLEY

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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.

2. (a)	Principal office address of limited liability company:	(b) _;	
. ,	Principal office address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)	(", _	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 300 North	Suit	te 300 North
	Falls Church, VA 22043	Fall	s Church, VA 22043
	04/11/2019	M190	000003692
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 Florida Dept.	of State: ≤3 ≥
	1201 Hays Street		022। TAL
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	PILED 2022 DEC 13 PM 2 SECUL AHASSEE.]
	TALLAHASSEE , FI	32301	SSEE SSEE
(b)	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registered		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
		33324	
ne chai igent w was/we he artic	mited liability company is not organized under the lange or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members of the operating agreement of the	ws of the State the registered ability compan of the limited fi limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
-: <u>* -: -: -: -: -: -: -: -: -: -: -: -: -: </u>	are of a member or authorized representative of a member	JOE DAVI	S, Manager
l hereb provision he obli o mere notitivel	y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. Alfred Young of Registery Agent Assistant Secretary	an	Printed or typed name of signee s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been

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