## 1900003752

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

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195  REFERENCE : 593926: 8407445  AUTHORIZATION : \$ 25.00						
ORDER DATE: March 17, 2023						
ORDER TIME : 9:24 AM						
ORDER NO. : 593926-007						
CUSTOMER NO: 8407445						
CHANGE OF AGENT  NAME: IMMITO 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)	12650 W 64TH AVE	(	12650 W	64TH AVE
J. (u)	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 474 ARVADA, CO 80004		SUITE 47	74 ARVADA, CO 80004
	04/12/2019	_	M1900000	
3.	Date of filing/registration in Florida	4.		Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State UNISEARCH, INC.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  1990 MAIN STREET SUITE 750 - 70			12023 HAR 21
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  Corporation Service Company			AMIO: 12
	NEW Registered Office Address:	<del></del>		_
	1201 Hays Street			_
	Tallahassee, FI	32301		_
hange igent v vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin	ed office and ompany, it is nited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
/s/	Jill Cilmi	Jill	Cilmi, Autho	orized Person
Signa	ture of a member or authorized representative of a member		.,	Printed or typed name of signee
rovisi he obl o mere	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I it in writing of this change.	nerform	ance of my a	duties, and Lam familiar with and accept
	Grace E. Kirby, Asst.	Vice Pre	esident	
Signatu	re of Registered Agent			

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00