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(Req	uestor's Name)		
(Add	ress)		
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(City	/State/Zip/Phon	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: June 16, 2020

Order#: 319875-002

Re: AG PARENT HOLDINGS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.

(b) 	3119 Ponce De Leon Blvd Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Coral Gables, FL 33134
_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_	Coral Gables, FL 33134
	M19000004550
4.	Document number
he Florida	Dept. of State:
(DDRESS)	 -
33134	
	
Office add	Iress:
	MIL: 45
32301	:11
registere shility con if the limi limited li Auth	State of Florida, it is hereby confirmed that after the d office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in ability company. Printed or typed name of signee in this capacity. I further agree to comply with the since of my duties, and I am familiar with and accept that the limited liability company has been
	33134 Office add 32301 vs of the registere bility confithe limited

FILING FEE: \$25.00