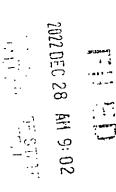
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to Filin	ng Officer:	

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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 240118 8396359
AUTHORIZATION: Adepar
COST LIMIT : \$ 25.00
ORDER DATE : December 13, 2022
ORDER TIME : 8:21 AM
ORDER NO. : 240118-029
CUSTOMER NO: 8396359
CHANGE OF AGENT
NAME: BELSONO MANAGEMENT GROUP, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland 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.

I. Na	ame of the limited liability company:	MANAGEMEN'	T GROUP, LLC		
2. (a)	1525 E. Republic Road, Suite B-13	(b)			
_ (=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Springfield, MO 65804				
	05/20/2019	M	19000005374		
3.·	Date of filing/registration in Florida	4.	Document n	umber	
5. (a)	David Dutson				
J. (a)	Registered Agent and Registered Office shown on the record c/o Professional Audiology Associates	is of the Florida De	pt. of State:		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)			
	Jupiter	, FL33477		2022 DEC	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company		<u>555</u> :	C 28 AM 9:	
	NEW Registered Office Address:			02	
	1201 Hays Street			, ,	
	Tallahassee	, FL_32301			
change agent was/we the arti	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the memberles of organization or the operating agreement of all Cilmi	the registered of d liability comp ers of the limited the limited liab	office and the busines any, it is hereby conf d liability company of	s office of the registered firmed that the change(s) r as otherwise provided in	
	ture of a member or authorized representative of a member		Printed or type	ed name of signee	
I herel provisi the obli to mere notified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provily reflect a change in the registered office address in writing of this change	lete performanc vided for in Cha s, I hereby confi	e of my duties, and L pter 605, F.S. Or, if rm that the limited lia	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
	Chi M Lev	I.	1 3		
Signatur	re of Registered Agent	Amı M. Cası	oer, Asst. Vice Pres	ident	