4/26/22, 6.30 PM

Division of Corporations

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LLC REGISTERED AGENT CHANGE RUBICON GLOBAL, LLC

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Corporate Filing Menu

1. LEMIEUX

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REPISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statuter, 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	me of the limited liability company: Rubicon Global, L	LC			<u></u>	
2. (a)		(b)			<u>-</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) 100 West Main Street, Suite 610			
	100 West Main Street, Suite 610	100				
	Lexington, KY 40507	Le:	Lexington, KY 40507			
	07/25/2019	М19	00037188			
3.	Date of filing/registration in Florida	4,	Documen	t number		
5. (a)	REGISTERED AGENT SOLUTIONS, INC.					
). (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	of State:			
	155 OFFICE PLAZA DR., STE A		L			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)				
			1			
(b)	TALLAHASSEE, FL	32301		6×9	23	
	C T Corporation System		<u></u>	Zig TE	FILED 2022 APR 27 AM	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address			PR T	
	1200 South Pine Island Road			3388	FILED R 27 A	
	NEW Registered Office Address:		ν-	OF STAL	5 5	
			<u> </u>	(18) 1-	28	
	Plantation , FL	33324		•		
the cha agent was/w	imited liability company is not organized under the lay inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registere ability compa of the limited	l office and the b ny, it is hereby c iabi"ty compan	ousiness office on firmed that t	of the registered the change(s)	
	s/ Nate Morris	Nate Mo				
	iture of a member or authorized representative of a member			typed name of sig		
provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. /s/ Michele Holden, Assi Seci	ree to act in to e performance ed for in Cha hereby confi	is conacity. I fu of mi duties, an ter 675, F.S. Or n the: the limited	urther agree to ed I am familian e, if this docume d Iiability comp	comply with the with and accept ent is being filed vany has been	
By: Signati	ire of Registered Agent					