(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
3. HORNE MAY 31 2024						
MAY 31 200						

Office Use Only



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RECEIVED

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

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ACCOUNT	NO. :	1200000	0195			
REFERE	INCE :	473888	8015371			
AUTHORIZAT	]: NOI	MY X SO				
COST LI	MIT :	7.50 0 (\$25.0	Digita -			
ORDER DATE : May 21, 2024						
ORDER TIME : 11:30 AM						
ORDER NO. : 473888-059						
CUSTOMER NO: 8015371						
		<del>-</del>				
CHANGE OF AGENT						
NAME: MILLET HC	LDINGS,	LLC				
DI DAGO DOMINA MUSICALIANTA	.a. 1.a. DD	60D 6D DT	T TNG			
PLEASE RETURN THE FOLLOWIN	G AS PR	OOF OF FI	LING:			
CERTIFIED COPY XX PLAIN STAMPED COPY	,					
CONTACT PERSON: Shauna Go	dbolt					
	EXAMI	NER'S INI	TIALS:			

## 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. N	ame of the limited liability company: MILLET HOLD	INGS, LI	LC	
2. (a)			(b)	
<i></i> , (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	120 TREDEGAR STREET		120 TRE	DEGAR STREET
	RICHMOND, VA 23219		RICHMO	DND, VA 23219
	07/31/2019		M190000	07379
3.	Date of filing/registration in Florida	— 4.	****	Document number
- (-)				
5. (a)	Registered Agent and Registered Office shown on the records o	of the Florid	Ja Dept. of Sta	<del>-</del> de:
	C T CORPORATION SYSTEM			
	Registered Office Address	T ADDRES	(S)	
	1200 SOUTH PINE ISLAND ROAD			2024
	PLANTATION	33324		FILED PH
	· F	1		30
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	ddress:	PHIO: 01
	Corporation Service Company			<u></u>
				_
	NEW Registered Office Address:			
	1201 Hays Street			_
	Tallahassee	32301		
change agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability c of the lir	red office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	ean McBride	Se	an McBride	, Authorized Person
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob- to m <u>e</u> r	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 providely reflect a change in the registered office address. It is writing of this change.	e perforn	iance of my	duties, and I am familiar with and accept
Signati	Ince CTAVOL			
_	E. Kîrby, Asst. Vice President			

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

473888