M19000011350

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

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2023 JUL 25 PH 12: 39

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000	0195
REFERENCE	:	887006	8411720
AUTHORIZATION	:	Jours &	eran
COST LIMIT	;	\$/25,700	
ORDER DATE : July 20, 2023			
ORDER TIME : 2:08 PM			
ORDER NO. : 887006-023			
CUSTOMER NO: 8411720			
		. 	
CHANGE OF A	GEN	<u>IT</u>	
NAME: SNAP ONE, LLC			
NAME: SHAL ONE, EDC			
PLEASE RETURN THE FOLLOWING AS	PR	OOF OF FI	LING:
CERTIFIED COPY XX PLAIN STAMPED COPY			
COMMA CM DED COM A 1	3		
CONTACT PERSON: Alexxis Weilar	na-	sorenson	

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.

2. (a)	1800 CONTINENTAL BLVD.	(b) 1800	(h) 1800 CONTINENTAL BLVD.		
2. (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:200	SUIT	E:200		
	CHARLOTTE, NC 28273	CHAF	RLOTTE, NC 28273		
	11/26/2019	M1900	0011350		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records of		State:		
	FLORIDA FILING & SEARCH SERVICES INC.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
	155 OFFICE PLAZA DR. SUITE:A				
	TALLAHASSEE FI	32301	2023		
			2023 JUL 25 FALLAHASSEE		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	I Office address:			
			ा <u>ल</u> े 😦 📶		
	Corporation Service Company		PHIZ: 39 OF STATE E. FLORIDA		
	NEW Registered Office Address:				
	1201 Hays Street		—		
	Tallahassee . FI	32301			
change agent w was/we the artic	mited liability company is not organized under the last or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lifter authorized by an affirmative vote of the members called the organization or the operating agreement of the fills.	registered office ability company, of the limited lial	e and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided in company.		
	ure of a member or authorized representative of a member		Printed or typed name of signee		
provisio The obli To mere	y accept the appointment as registered agent and agions of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	ree to act in this of performance of a d for in Chapter hereby confirm to	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been		

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

Grace E. Kirby, Asst. Vice President