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Division of Corporations



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LLC REGISTERED AGENT CHANGE RE STRATEGIC CAPITAL EQUITYCO, LLC

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To:

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.

. No	nme of the limited liability company:	RESTRATEGIC C	CAPITAL EQUIT	YCO, LLC		
. (a)	No Change		(b) <u>No Chr</u>	nnge		
(11)	Principal office address of limited lin (Note: MUST BE STREET A			Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)		
	01/28/2020			001188		
•	Date of filing/registration in	ı Florida	4.	Document number		
i. i. (a)	FURMAN RYAN	i rionda	4.	130cament namoci		
. (u)	Registered Agent and Registered Office shot	State:				
	Registered Office Address <u>(MUST BE F</u> 450 S ORANGE AVENUE	LORIDA STREET A	DDRESS)	2022 AUG 29 AM II: 39		
	ORLANDO	, FL_	32801	29		
ZLA.	C T Corporation System			#		
(b)	Enter name of NEW Registered Agent and	1: 39 ORIB				
	NEW Registered Office Address:					
	1200 South Pine Island Road			_		
	Plantation	FL_	33324			
he cha igent v vas/w	ange or changes are made, the Florida will be identical. Or in the case of a	i street address of t Florida limited lial of the members of	the registered of bility company. f the limited liab	Florida, it is hereby confirmed that after fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.		
	iture of a number or authorized representative		JOE DAVIS.			
Signa	tture of a number or authorized representative	of a member		Printed or typed name of signee		
provis he ob o mer notifie ⁸ y: Mic	hy accept the appointment as register ions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered d'in writing of this change. C.T. Corporation System hele Holden. Asst Sect	per and complete placement as provided office address, I h	ee to act in this c performance of i I for in Chapter ereby confirm th	capacity. I further agree to comply with the my duties, and I am familiar with and accep 605, F.S. Or, if this document is being filed out the limited liability company has been		

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