To: 18506176383 From: 14693173436 Date: 08/10/22 Time: 5:12 PM Page: 01/02



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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (x,y)

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. Na	ame of the limited liability company: Savista, LLC			(((H2	220002	70431 3))]
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) 200 North Point Center East, State 200 Alpharetta, GA, US, 30022			
	200 North Point Center East, Suite 200					
	Alpharetta, GA, US, 30022					
	03-18-2020		M20000003	s0+6		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of	of the Flor	ida Dept of State	- le		
	CORPORATION SERVICE COMPANY					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRŁ	:55)	_		
	1201 HAYS ST				2	
	TALLAHASSEE, I	FL_32301		APPR FIL 2022 AUG 1 O SEORETAN FALL AHASS!		
						70
(b)				- SE		m#C
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	<u>address</u>	÷ 	뭐	VEL
	LEGALING CORPORATE SERVICES INC.	NOVEL NOVEL SEL, FLORID.				
	NEW Registered Office Address.				T1 #*	
	5237 SUMMERLIN COMMONS BLVD. SUITE 400			_		
	FORT MYERS, I	FL_3390 7		_		
change agent v was/w	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registe liability s of the l	cred office an company, it is imited liabilit	d the business office of s hereby confirmed the ey company or as other	of the reg at the cha	gistered ange(s)
,			eather Macken			
Signa	athan Mackanaia. Swift nuice of a member of a uthorfed representative of a member	_		Printed or typed name of	signec	
provis the obi to mer	by accept the appointment as registered agent and a tions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to a te perfor ded for in I hereby	ict in this capi mance of my i i Chapter 605 confirm that	acity. I further agree duties, and I am famil 5, F.S. Or, if this doci the limited liability co	to compliar with unent is in the company h	ly with the and accept being filed as been
Sugarate	Merlin Celina are of Registered Agent		(((H22	2000270431 3)))		
- bignatt	ue of restyleten whent					