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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.

I. Na	me of the limited liability company: ALLSTATES W	ORLDC	ARGO, LLC				
(- -)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	135 West Central Blvd, Ste 840		135 West Central Blvd, Ste 840				
	Orlando, Florida 32801		Orlando, Florida 32801				
	04-13-2020		M2000000	3667			
3.	Date of filing/registration in Florida	4.		Document nun	nber		
5. (a)	TANNER, KENDRA						
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	te:			
	Registered Office Address (MUST BE FLORIDA STREET 135 WEST CENTRAL BLVD SUITE 840	ADDRES	<u>SS)</u>	_			
	Orlando, FI	32801		-		202	
(b)	C T Corporation System				•	2023 NOV	.:-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			_	-··	-6 AH	PILED
	NEW Registered Office Address:			_	- :	-7:	:
	1200 South Pine Island Road			_		50	
	Plantation, FI	33324 		_			
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the	f the reg iability (of the li	gistered offic company, it mited liabili	ce and the busing is hereby confir ity company or a	ess office o ned that th	f the r	egistered gc(s)
	CM Janes	Er	ic Jensen - At	ttorney in Fact			
	ture of a member or authorized representative of a member			Printed or typed i	_		
provisi the obli to mer	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. If d in writing of this change.	ree to u e perfor led for in hereby	ct in this ca mance of my i Chapter 60 confirm that	pacity. I further duties, and I an)5, F.S. Or, if thi t the limited liab	agree to c n familiar v is documen ility compo	omply with ar it is be iny ha:	with the nd accept ing filed s heen
<i>notyte</i> : By:	C.T. Compension System	e Kelm	- Assistant S	Secretary			
	re of Registered Agent			-			

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