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

Office Use Only



300385117853

RAGRO change

2022 HAY 17 AM 9: 54

A RAMSEY MAY 18 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 675642 8379717						
AUTHORIZATION: Spelle le man						
COST LIMIT : \$ 25.00						
ORDER DATE : May 13, 2022						
ORDER TIME : 12:09 PM						
ORDER NO. : 675642-004						
CUSTOMER NO: 8379717						
CHANGE OF AGENT						
NAME: LENTEGRITY, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY  XX PLAIN STAMPED COPY						
CONTACT PERSON: Eyliena Baker						
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.

1. 1	Name of the limited liability company: LENTEGRIT	Y, LLC		
2. (a)			(b)	
Σ. (α	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	27442 PORTOLA PARKWAY, SUITE 250		27442 PC	PRTOLA PARKWAY, SUITE 250
	FOOTHILL RANCH, CA 92610		FOOTHIL	L RANCH, CA 92610
	05/18/2020		M2000000	4831
3.	Date of filing/registration in Florida	4.		Document number
5 (c				
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of State CT COPORATION SYSTEM			是是X17 是 9: 54
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	1200 SOUTH PINE ISLAND ROAD			10 T
	PLANTATION	FL		是 500 99
(b	)			
(**	Enter name of NEW Registered Agent and/or NEW Register	red Office a	ddress:	-
	Corporation Service Company			
	NEW Registered Office Address:			-
	1201 Hays Street			-
	Tallahassee	FL_32301		_
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the MELL CILMI	the registe I liability or rs of the lithe the limited	red office and company, it is mited hability liability com	I the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
Sign	nature of a member or authorized representative of a member		E OILIMI, AO	Printed or typed name of signee
I her provi the oi to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	ete perform ided for in Thereby o	nance of my a Chapter 605 confirm that t	icity. I further agree to comply with the

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent

GRACE E. KIRBY, ASST, VICE PRESIDENT