M20 00000 6875

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





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10/19/20--01030--001 **25.00

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington - De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tiffany Brown tiffany.brown@cscglobal.com

Date: October 15, 2020

Order#: 441668-006

Re: FIERO ASSET COMPANY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Tiffany Brown

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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. N	ame of the limited liability company: FIERO ASSET	COMPA	NY	r, LLC	<u> </u>
? (a)		C	h١		
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)
	5001 PLAZA ON THE LAKE STE 200			5001 PLA	ZA ON THE LAKE STE 200
	AUSTIN, TX 78746	_	-	AUSTIN,	TX 78746
	08/06/2020		٨	м2000000	6825
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a))				
J. (u)	Registered Agent and Registered Office shown on the records of CAPITOL CORPORATE SERVICES, INC.	the Florid	la D	Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				-
	515 E PARK AVE 2 FL				
	TALLAHASSEE , FL	32301			TALLAH)
(b)	Enter name of NEW Registered Agent and/or NEW Registered	LOSS a			- 53 TO T
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	uur	<u>1533</u> .	
	Corporation Service Company				FILEL LAHASSETELURID
	NEW Registered Office Address:	·			
	1201 Hays Street				
	Tallahassee	32301			
	, FL				-
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register ability co of the lin limited	red om nite lia	office and opening of the opening	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	- , _			Printed or typed name of signee
provis the ob to mei notifie	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address. It is a writing of this change.	perform d for in (ian Ch	ice of my a apter 605	duties, and I am familiar with and accept . F.S. Or. if this document is being filed
_	ure of Registered Agent e E. Kirby, Asst. Vice President of Corporation Service	e Comna	ans	7	
- Ciac	Division of Corporations • P.O.				ssee. FL 32314

FILING FEE: \$25.00