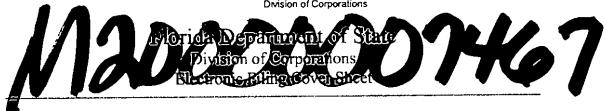
10/29/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA ULS OPERATING LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

30 30 1.113:01

SECTION I (1-4 must be completed)

State: Florida ULS Operating LLC	
Enter new principal office address, if applicable:	
(<u>Principal office address</u> MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
2. The Florida document number of this limited liability company is: M20(000007467	
3. Jurisdiction of its organization: Delaware	
Date authorized to do business in Florida: August 27, 2020	
SECTION II (5-9 complete only the applicable changes)	
5. New name of the limited liability company: (must contain "Limited Liability Company, " "L.L.C.,"	or "LL.C.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida copy of the written consent of the managers or managing members adopting the alternate name. The amust contain "Limited Liability Company," "L.L.C." or "LLC.")	and attach a alternate name
6. If amending the registered agent and/or registered officer address on our records, enter the name of registered agent and/or the new registered office address here:	f the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida Street Address	
, Florida	
City Zap.	· Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree the provisions of all statutes relative to the proper and complete performance of my duties, and I am and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. On document is being filed to merely reflect a change in the registered office address. I hereby confirm thability company has been notified in writing of this change.	jamutar wira r, if this

If Changing Registered Agent, Signature of New Registered Agent

tle/ Capacity	Name	Address	Type of Action
resident	Bob Blandford	12428 San Jose Boulevard, Ste 4	🗹 🗹 🖊 Add
		Jacksonville, FL 32223	□Remo
ecretary	Ryan O'Hara	12428 San Jose Boulevard, Ste 4	⊌Add
		Jacksonville, Fl 32223	□Rem
			Rem
			Ren
			□Ado
alorementic	under the law of which this entity	cated by the official having custody of records in	□Ren

Filing Fee: \$25.00