M20000010287

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

Office Use Only



300372296863

TOTALED

TOTALEP 22 MM 9: 22

TOTALEMNY SEE SAIE

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	195				
	REFERENCE	:	020816	8257095				
	AUTHORIZATION	:	Locals	Blance 1				
	COST LIMIT	:	\$ 25.00	Klain				
		1		• • •				
ORDER DATE :	September 21, 202	Τ						
ORDER TIME :	8:58 AM							
ORDER NO. :	020816-010							
CUSTOMER NO:	8257095							
CHANGE OF AGENT								
NAME:	APPLIED LOGIC	CAI	PITAL					
MANAGEMENT, LLC								

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY



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.

Name	of the limited liability company: APPLIED LOG						
(a)	10205 Collins Avenue PH 4 and 6		(b) 10205 Collins Avenue PH 4 and 6				
(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
B	al Harbour, FL 33154		B	al Harbo	our, FL 33154		
No	ovember 12, 2020		M2	0000010	0287		
	Date of filing/registration in Florida	4.			Document number		
(a)							
	gistered Agent and Registered Office shown on the records	of the Flori	da Dep	ot, of State	- L		
C.	T Corporation System						
Re	gistered Office Address (MUST BE FLORIDA STREE	T ADDRE.	55)		-		
	200 S Pine Island Road	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		_			[0]		
PI	lantation , I	FL_33324	Į.		5. 10 7		
			·				
b)					AR 22		
Ent	er name of NEW Registered Agent and/or NEW Register	ed Office :	<u>addres</u>	<u>v</u> :	86 = M		
C	orporation Service Company				SEP 22 M 9: 22		
<u>N</u> F	W Registered Office Address:				TE 2		
12	201 Hays Street				-		
Ta	allahassee	32301					
		· L			-		
ge or o t will were a	ted liability company is not organized under the lichanges are made, the Florida street address of the beidentical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of the	ne registe liability of of the li	red o compa mited	ffice and any, it is Hiability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided i		
(s) Adam Cordon		dam Gordon, Managing Member					
nature	of a member or authorized representative of a member				Printed or typed name of signee		
isións bligat erely r	occept the appointment as registered agent and as of all statutes relative to the proper and complet tions of my position as registered agent as provia reflect a change in the registered office address, a writing of this change.	gree to ac e perform led for in l hereby c	ct in to nance Chap confir	his capa e of my a pter 605, m that t	icity. I further agree to comply with a luties, and I am familiar with and acc F.S. Or, if this document is being fi he limited liability company has beer		
inhair	M Baronie						

Lindsey M. Baronie, Asst. Vice President on behalf of Corporation Service Company