M2100000 1523

(Re	equestor's Name)								
(A	ddress)								
(Ac	ddress)								
(City/State/Zip/Phone #)									
PICK-UP	☐ WAIT	MAIL							
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									
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2023 AUG 14 PM 3: 24

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 918291 8420367						
AUTHORIZATION						
COST LIMIT : \$ 25.00						
ORDER DATE : August 3, 2023						
ORDER TIME : 1:56 PM						
ORDER NO. : 918291-025						
CUSTOMER NO: 8420367						
CHANGE OF AGENT						
NAME. COLTABLIAND DAVID LIC						
NAME: GOLIATH AND DAVID, 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.	Na	ime of the limited liability company:	AVID.	, LI	_C				
2.	(a)	134 MARKET ST.	(b) 134 MARKET ST.						
	(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \	,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) DELPHIA, PA 19106			
		PHILADELPHIA, PA 19106			PHILADE				
		02/08/2021	-	<u> </u>	И21000001 				
3.		Date of filing/registration in Florida	4.			Document num	ber		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State REGISTERED AGENT SOLUTIONS, INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				:			
		2894 REMINGTON GREEN LANE SUITE A							
		TALLAHASSEE , FL	32308				SEUNE ALL AH	2023 AUG 14	T 1
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u> Corporation Service Company <u>NEW Registered Office Address:</u>)ffice a	ddi	ldress:		LAHASSEE, FLORIDA	14 AM 11: 30	
		1201 Hays Street							
		Tallahassee FL	32301						
cha age wa:	inge ent w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab regauthorized by an affirmative vote of the members of desof organization or the operating agreement of the li	egister oility co the lin	ed on nit	office and pany, it is ed liability	the business of hereby confirm company or as	ffice of the	ne regi ne cha	stered nge(s)
		Xie E. Gonie	Jill	Ci	lmi, Author	rized Person			
	~ /	we of a member or authorized representative of a member				Printed or typed n	C		
pro the to 1	visië obli nere	over gover the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergetions of my position as registered agent as provided in the registered agent as provided in the registered affice address, I he is in writing of this change.	erform	111	ce of mv d	uties and Lam	Familiar :	with a	nd accept
Sig	natur	re of Registered Agent	Gra	ce	E. Kirby, A	Asst. Vice Pres.	ident		