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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	1200000019	95
	REFERENCE	:	655108	5057753
	AUTHORIZATION	: (Sputtele	An D
	COST LIMIT	:	\$ 25,:00	
ORDER DATE :	May 3, 2022			
ORDER TIME :	8:34 AM			
ORDER NO. :	655108-139			
CUSTOMER NO:	5057753			
				

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CHANGE OF AGENT

NAME: ANESTA LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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	ame of the limited liability company:	LC					
	(a)	4745 Wiley Post Way)				
2.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u></u> ł	Mailing address of limited liability company: (<u>Nate: MAY BE POST OFFICE BOX</u>)			
		Salt Lake City, UT 84116			<u> </u>			
		04/08/2021		M21000	004043		_	
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	Corporate Creations Network Inc.						
2.	(4)	Registered Agent and Registered Office shown on the record	s of the Florida	Dept. of State	-			
		801 US Highway 1						
		Registered Office Address (MUST BE FLORIDA STRE	-	ç,	22			
							2022 MAY	
		North Palm Beac	FL33408				I AVI	
							2	3-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	(b)	Enter name of NEW Registered Agent and/or NEW Register					AM	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	erea Onice add	ress:		[]]]]	ڢ	\bigcirc
		Corporation Service Company		-		L AF	17	
		NEW Registered Office Address:						
		1201 Hays Street						
		Tallahassee	FL_32301					
					· · · · · · ·	<i>с</i> ,		
cha age wa	ange ent w s/we	mited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of t	the registered l liability con rs of the limit	l office and pany, it is ted liability	the business office hereby confirmed t company or as othe	of the n hat the c	egister hange	ed (s)
/s	/ Jill	Cilmi	Jill C	ilmi, Author	ized Person			
_		ure of a member or authorized representative of a member			Printed or typed name of	of signee		
pro the to 1	ovisio obli mere	y accept the appointment as registered agent and a ons of all statutes relative to the proper and comple gations of my position as registered agent as provi ly reflect a change in the registered office address,	ete performan ded for in Ch I hereby con	nce of my di napter 605, nfirm that th	uties, and I am fami F.S. Or, if this doc he limited liability c	e to com iliar with sument is sompany	ply wit h and c h being has be	h the iccept filed en
nol		Lin writing of this clange.	Corporation					
			Amı M. Ca	sper, Asst	. Vice President			

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00