(Requestor's Name)				
(Address)				
(Address)				
(*	.44.000,			
(0	City/State/Zip/Phone #)			
☐ PICK-UP	☐ WAIT	MAIL		
(F	Business Entity Name)			
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Certified Copies	Certificates of S	Status		
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2022 JUL 22 PM 3: 37

A. BUTLER JUL 25 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO	). :	120000000	195		
REFERENC	E :	823856	8381459		
AUTHORIZATIO	)N :	Louell of	man		
COST LIMI	T :	\$/25.00	MUS		
ORDER DATE : July 20, 2022					
-					
ORDER TIME : 1:36 PM					
ORDER NO. : 823856-021					
CUSTOMER NO: 8381459					
CHANGE OF AGENT					
NAME: CIG IST BBFC LLC					
PLEASE RETURN THE FOLLOWING	AS PR	OOF OF FILI	ING:		
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Wei	land				
	EXAMI	NER'S INITI	TALS:		

## \* 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:CIG IST BBFC	LLC	
		(h)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	150 BOUSH ST STE 300	150 E	BOUSH ST STE 300
	NORFOLK, VA 23510	NOR	FOLK, VA 23510
	04/16/2021	M2100	00004595
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
J. (a)	Registered Agent and Registered Office shown on the records of CAPITOL CORPORATE SERVICES INC	the Florida Dept. of	f State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	515 E PARK AVE 2ND FL		20Z SEC
	TALLAHASSEE FI	32301	2022 JUL 22 SECRETALIX TALLANIAS
(b)			
(0)	Enter name of NEW Registered Agent and/or NEW Registered		OF SIM
	Corporation Service Company		11.28 FILE
	NEW Registered Office Address:		
	1201 Hays Street		· 
	Tallahassee, FI	32301	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e registered office ability company, of the limited liab	e and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in
	lugh D. Cohen	Hugh D. Co	ohen, Manager
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address, I it in writing of this change.	ree to act in this performance of d for in Chapter hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
	hace t-Kuble		
Signatu	re of Registered Agent \		

Grace E. Kirby, Asst. Vice President

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