M21000006534

| (Red | questor's Name) |) | |
|---|------------------|-----------------|--|
| (Add | dress) | | |
| (Add | dress) | | |
| (City | y/State/Zip/Phor | ne #) | |
| PICK-UP | WAIT | MAIL | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies | _ Certificate | es of Status | |
| Special Instructions to Filing Officer: | | | |
| | | ORNE -7 2023 | |
| | | | |

Office Use Only



100409899221

ZOZO JUN -6 AM 9: 14
SECREDARY :

RECEIVED

CORPORATION SERVICE COMPANY

•••

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | |
|---|--|--|--|--|
| REFERENCE : 777142 8410459 | | | | |
| AUTHORIZATION: SAN LICE MAN | | | | |
| COST LIMIT : \$ 25:00 | | | | |
| ORDER DATE: May 30, 2023 | | | | |
| ORDER TIME : 1:47 PM | | | | |
| ORDER NO. : 777142-049 | | | | |
| CUSTOMER NO: 8410459 | | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| NAME: ROOT ENTERPRISE, LLC | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY PLAIN STAMPED COPY | | | | |
| CONTACT PERSON: Alexxis Weiland-sorenson 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.

| me of the limited liability company: | PRISE, LLC | |
|--|--|--|
| | | |
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 80 E RICH ST. SUITE 500 | 80 E RICH ST. SUITE 500 | |
| COLUMBUS, OH 43215 | COI | LUMBUS, OH 43215 |
| 05/27/2021 | M210 | 000006534 |
| Date of filing/registration in Florida | 4. | Document number |
| | | |
| Registered Agent and Registered Office shown on the records o | f the Florida Dept. | of State: |
| C T CORPORATION SYSTEM | | |
| Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | |
| 1200 SOUTH PINE ISLAND ROAD | | 77 |
| PLANTATION . F | L ³³³²⁴ | ZOZ3 JUH - 6 SECRETARSS |
| | | |
| | | |
| Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u> | d Office address: | |
| Corporation Service Company | | ## 9: Eq. |
| NEW Registered Office Address: | | 74 |
| 1201 Hays Street | | ~ |
| Tallahassee | 32301 | |
| or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the JILL CILMI ure of a member or authorized representative of a member. | e registered offi iability compan of the limited lie e limited liability JILL C | ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in by company. ILMI, AUTHORIZED PERSON Printed or typed name of signee is comparise. I further coree to comply with the |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 80 E RICH ST. SUITE 500 COLUMBUS, OH 43215 05/27/2021 Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET) 1200 SOUTH PINE ISLAND ROAD PLANTATION Fine the name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street Tallahassee Finited liability company is not organized under the later address are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members called or organization or the operating agreement of the JILL CILMI The of a member or authorized representative of a member of a call statutes relative to the proper and complete ignations of my position as registered agent and agents of all statutes relative to the proper and complete ignations of my position as registered agent as provided representative of a change in the registered agent as grown as registered office address. I | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 80 E RICH ST. SUITE 500 80 E COLUMBUS. OH 43215 COL 05/27/2021 M210 Date of filing/registration in Florida 4. Registered Agent and Registered Office shown on the records of the Florida Dept. C T CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company NEW Registered Office Address: 1201 Hays Street Tallahassee FL Tallahassee |