(((H240001063543)))

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T. LEMIEUX MAR 2 1 2024

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(((H24000106354 3)))

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuam submits Florida.	to the provisions of sections 605.0114 or 605.0116, the following statement in order to change its regi	stered office o	or registered agent, or	ted liability company both, in the State of	
	e of the Limited Liability Company:	IING SER	VICES, LLC		
2. (a) 1	00 BOULEVARD OF THE AMERICAS	(b) 100 BOULEVARD OF THE AMERICAS			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*)	Mailing address of limiter (Note: MAY BE POS	d liability company:	
يا	AKEWOOD, NJ 08701	LAKI	AKEWOOD, NJ 08701		
	6/22/2021		000007843		
3.	Date of filing/registration in Florida	4.	Document number		
` ' -	Cogency Global				
	Registered Agent and Registered Office shown on the records of the	ie Florida Dept. of	State:	20 2	
_	115 North Calhoun Street			24 H	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DIJKESS)</u>		2024 HAR	
5	Suite 4			20 20	
]	Tallahassee, FL_	32301		•) •	
_(b) С	Capitol Corporate Services, Inc.			ED PHI2: 56 OF STATE	
` ' -	inter name of NEW Registered Agent and/or NEW Registered C	Office address:		56 ATE	
F	515 East Park Avenue 2nd Fl			1.1	
-	NEW Registered Office Address:				
-					
T	Fallahassee FL	32301			
If the lim the chang agent will was/were the articl	nited liability company is not organized under the law ge or changes are made, the Florida street address of the libe identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of less of organization or the operating agreement of the limited liable.	s of the State o he registered o pility company the limited lial	ffice and the business of , it is hereby confirmed to bility company or as other	ffice of the registered that the change(s)	
	re of a member or authorized representative of a member	Michae	el Bauman Printed or typed name of	of signer	
I hereby provision the oblig to merely	e accept the appointment as registered agent and agre ns of all statutes relative to the proper and complete p ations of my position as registered agent as provided y reflect a change in the registered office address, I he in writing of this change.		capacity. I further agre my duties, and I am fam 605, F.S. Or, if this doc that the limited liability o	•	
P	3 in Breker Brian R		-		
Signature	of Registered Agent behalf o	of Capitol Co	rporate Services, Ir	ic.	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE; S25.00

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