M21000012060

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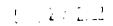
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2022 DEC 22 AII 10: 43

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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 257198 8399769

AUTHORIZATION : PRESIDENCE

COST LIMIT : \$ 25.00

ORDER DATE : December 16, 2022

ORDER TIME : 1:35 PM

ORDER NO. : 257198-002

CUSTOMER NO: 8399769

CHANGE OF AGENT

NAME: CUP PROPERTIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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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	une of the limited liability company:	ES, LLC	;			
2. (a)	ONE INDIANA SQUARE STE 3500	(b	14390 CI	LAY TERRACE BL\	VD STE	205
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0		Mailing address of limit (Note: MAY BE PO.	-	
	INDIANAPOLIS, IN 46204	_	CARMEL	., IN 46032		
	09/13/2021		M2100001	12060		
i.	Date of filing/registration in Florida	4.		Document number		
. (a)	REGISTERED AGENTS INC.					
	Registered Agent and Registered Office shown on the records of th 7901 4TH ST N STE 300	e: -				
	Registered Office Address (MUST BE FLORIDA STREET AL	· - -	2022 DEC	 }		
	ST PETERSBURG . FL. 3	33702		- • .	EC 2	9 ·} 1
	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company NEW Registered Office Address:				AH 10: 43	المسيدة
	1201 Hays Street					
	Tallahassee FL_	32301		-		
hange gent w vas/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 liability and the properties of the members of cles of organization or the operating agreement of the limited liability.	egistered ility con the limi mited li	d office and upany, it is ted liability ability com	d the business offices s hereby confirmed y company or as oth	e of the r	egistered :hange(s)
Signat	ure of a member or authorized representative of a member	_		Printed or typed name	of signee	
rovisio he obli o mere	ny accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided the reflect a change in the registered office address. I he will in writing of this change.	erforma for in C. reby coi	nce of my a hapter 605, afirm that t	duties, and I am fam , F.S. Or, if this do the limited liability o	e to com ulliar wit cument i. company	ply with the h and accept s being filed has been
rigna tur	e of Registered Agent	Grace E	Kirby. A:	sst. Vice President		

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