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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:	LDINGS LLC	<u> </u>		•	
2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	12771 World Plaza Lane Suite 1-R	12771 World Plaza Lane Suite 1-R				
	Fort Myers FL 33907	Fort Myers FL 33907				
	10/14/2021	M21	000013523			
3.	Date of filing/registration in Florida	4.	Document nu	umber		
5. (a)	EPSTEIN, ANDREW S					
J. (4)	Registered Agent and Registered Office shown on the records of	the Florida Dep	t. of State:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	4600 SUMMERLIN ROAD STE C-2524					
	FORT MYERS . FI	33907		.		
(b)	Registered Agents Inc				2023 ;	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address			· c	
	7901 4th St N				\mathcal{C}	
	NEW Registered Office Address:		-		Ċ.	
	STE 300			•-•	2: 09	
	St. Petersburg	33702			Ψ)	
the chagent was/w the art	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registere lability compa of the limited	ed office and the busing, it is hereby confiliability company or lity company.	ness office irmed that t as otherwi	of the reg the chang se provid	gistered e(s)
Signa	iture of a member or authorized representative of a member		Printed or type	d name of sign	nee	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. David Roberts - Assistant S	e performance ed for in Chap hereby confir	his capacity. I furthe of my duties, and I c oter 605, F.S. Or, if t m that the limited lia	er agree to am familiar his docume ability comp	comply w with and out is bein ouny has i	ith the laccept ig filed been

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Signature of Registered Agent