11/21/06/06/16/15

	(Reque	stor's Name)	
	(Addres	55)	
 	(Addres	ss)	
	(Čity/St	ate/Zip/Phone #)	
PICK-	UP	MAIT	MAIL MAIL
	(Busine	ss Entity Name)	
	(Docum	nent Number)	
Copies		Certificates o	of Status
al Instructions	to Filing C	officer:	

Office Use Only



400400726844

0.

A. DUTLER JAN 4 3 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/20/2023							
	Jennifer Bialowas	_						
Reference :	#:1885764	_						
		RATING INVESTMENTS LLC						
_	les of Incorporation/Authorization	to Transact Business						
_	nge of Agent							
☐ Rein	statement							
Conv	version							
☐ Merger								
☐ Diss	☐ Dissolution/Withdrawal							
☐ Fictit	tious Name							
Othe	er							
Authorized : Signature: _	Amount: 25.00							

F: 800.944.6607

F: +852.2682.9790

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. Name of the limited liability company:			Olive Branch Operating Investments LLC			
2. ((a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b	»)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.		December 10, 2021 Date of filing/registration in Florida	- - 4.		M21000016815 Document number	
<u>5</u> .	(a)	Registered Agent and Registered Office shown on the records of CPLATINUM AGENT SERVICES Registered Office Address (MUST BE FLORIDA STREET 2) 155 Office Plaza Drive	2023 JAH 20			
	(b)	Tallahassee, FL COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered 115 North Calhoun Street, Suit	Office ad	2301 dress:	AH 20 AH 8: 43	
16 4	ho li	NEW Registered Office Address: Tallahassee , FL Imited liability company is not organized under the law		2301	wide it is hareby confirmed that after	
the age was	cha nt w s/wc	nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reginability co of the lim	stered office ompany, it is sited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signature of a member or puthorized representative of a member					Andrew Bronfeld Printed or typed name of signee	
I h pro the to i not	erel visi obl nere ified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it in writing of this change in the registered office address, I is the control of the change of the change of the control of the con	ee to act perform d for in (hereby c	t in this capa ance of my a Chapter 605, onfirm that t	icity. I further agree to comply with the	

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