M216000 17043

| (| Requestor's Name) | |
|---------------------------|-------------------------|-------------|
| (| Address) | |
| (| Address) | |
| (| City/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (| Business Entity Name) | |
| | Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to F | Filing Officer: | |
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| | | |
| | | |

Office Use Only



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2023 MAY 21 - AM I : 1,)

2023 MATZY AMIL: 54

2 5 2023

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

| ACCOUNT NO. : 12000000195 | | | | |
|--|--|--|--|--|
| REFERENCE : 75,5461 8413966 | | | | |
| AUTHORIZATION: CAPULABLE TRANS | | | | |
| COST LIMIT : \$ 25.00 | | | | |
| ORDER DATE : May 17, 2023 | | | | |
| ORDER TIME : 9:06 AM | | | | |
| ORDER NO. : 755461-028 | | | | |
| CUSTOMER NO: 8413966 | | | | |
| | | | | |
| CHANGE OF AGENT | | | | |
| | | | | |
| NAME GERTOW AND CORRESPONDENCE AND | | | | |
| NAME: STRICKLAND'S ENTERPRISES LLC | | | | |
| | | | | |
| DV ELGE DESIDE SUIT SOLVENIO LO DECOS OF DELEVIO | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | |
| CERTIFIED COPY XX 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.

| 1. N | ame of the limited liability company: STRICKLANI | D BROTHER'S 10 N | MINUTE OIL CHANGE LLC |
|---|--|--|---|
| 2 (a) | | (b) | |
| 2. (11) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 301 N. MAIN ST., STE. 1000 | 301 N | . MAIN ST., STE. 1000 |
| | WINSTON-SALEM, NC 27101 | WINS | TON-SALEM, NC 27101 |
| | 12/15/2021 | M21000 | 0017043 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | | | |
| 3. (a) | Registered Agent and Registered Office shown on the records | s of the Florida Dept. of | State: |
| | PARACORP INCORPORATED | | |
| | Registered Office Address (MUST BE FLORIDA STREE | ET ADDRESS) | <u>0</u> 233 |
| | 155 OFFICE PLAZA DR, 1ST FLOOR | | |
| | TALLAHASSEE | 32301 | <u> </u> |
| | | T IS | |
| (b) | | | |
| | Enter name of NEW Registered Agent and/or NEW Registe | red Office address: | |
| | Corporation Service Company | | |
| | NEW Registered Office Address: | | |
| | 1201 Hays Street | | |
| | | | |
| | Tallahassee | FL | |
| change agent v was/we the arti | imited liability company is not organized under the cor changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member icles of organization or the operating agreement of t JILL CILMI | the registered office I liability company, rs of the limited liab he limited liability of | and the business office of the registered it is hereby confirmed that the change(s) offity company or as otherwise provided in |
| Signa | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| provisi the obl to merc | by accept the appointment as registered agent and a ons of all statules relative to the proper and comple igations of my position as registered agent as provi- ely reflect a change in the registered office address, I in writing of this change. | ngree to act in this c ete performance of n ded for in Chapter (I hereby confirm th | capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed nat the limited liability company has been |
| Signatu | I Mace C. Kubly re of Registered Agent | GRACE E. KIRI | BY, ASST. VICE PRESIDENT |