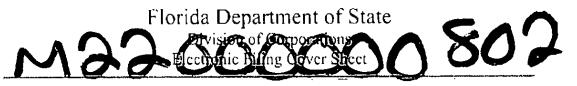
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Division of Corporations



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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:	·	
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)
	800 BOYLSTON STREET 14TH FLOOR BOSTON, MA	o - ———	
	01/14/2022	. ———— M220000	000802
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED CORPORATE SERVICES, INC.		
(b)	Registered Agent and Registered Office shown on the records of th	e Florida Dept. of S	State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3458 LAKESHORE DRIVE		
	TALLAHASSEE ,FL 3	2312	2022 HAR SI CRE L
	C T Corporation System		AR 24 AR 24
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice address:	PH 4
	NEW Registered Office Address:		
	1200 South Pinc Island Road		
	Plantation FL 3	3324	
the chagent was/w	limited liability company is not organized under the laws ange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liability an affirmative vote of the members of ticles of againization or the operating agreement of the liability of the liability and the liability of the liability of the liability and the liability of the	he registered of pility company, the limited liab	Tice and the business office of the registered it is hereby confirmed that the change(s) willty company or as otherwise provided in company.
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to me	cby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I held in writing of this change. C.T. Corporation System	e to act in this overformance of i för in Chapter greby 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
	ure of Registered Agent		