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A. BUTLER

AUG 2 2 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 891311 8386384				
AUTHORIZATION :				
COST LIMIT : \$ 25.00				
ORDER DATE : August 18, 2022				
ORDER TIME : 8:03 AM				
ORDER NO. : 891311-032				
CUSTOMER NO: 8386384				
CHANGE OF AGENT				
NAME: POKEMOTO ORANGE PARK FL LLC				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland				
EXAMINER'S INITIALS:				

- STÄTEMENT 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.

l. Na	ame of the limited liability company: POKEMOT	O ORANGE PARK	(FL LLC
2. (a)	240 W GALVESTON ST UNIT 1565	(b) 240) W GALVESTON ST UNIT 1565
2. (0)	Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	LEAGUE CITY, TX 77574	LE/	AGUE CITY, TX 77574
2	04/22/2022		2000006362
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the recor	* * *	of State:
	Registered Office Address (MUST BE FLORIDA STR 7901 4TH ST N STE 300	<u>(EET ADDKEŞŞ)</u>	2622
	ST PETERSBURG	. FL 33702	022 AUG 19
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent and New Registered Agent Agent Agent Age	stered Office address:	→ STATE
	NEW Registered Office Address:		 .
	1201 Hays Street		
	Tallahassee	FL_32301	
change agent v was/w	imited liability company is not organized under the or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement o	of the registered off ted liability compar pers of the limited I of the limited liabili	Tice and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.
	ill Cilmi		Authorized Person
I here provisa the ob- to mer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provided in writing of this change in the registered office address of my position as provided in writing of this change.	d agree to act in th	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
Signati	nnc. 7 Kuble Ire of Registered Agent	_ Grace E. Ki	rby. Asst. Vice President