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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

9: 50	STATE RATIONAL LORIGIAN	Address:
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LLC REGISTERED AGENT CHANGE 2200 LEM, LLC

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M. SOLOMON

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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 Standes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company. 2200 LEM, LLC		
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)
	04/21/22	M2200	00007224
3.	Date of filing/registration in Florida	— 4.	Document number
	NCH REGISTERED AGENT		
5. (a)	Registered Agent and Registered Office shown on the records of		
	390 N ORANGE AVE STE 2300-N		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	ORLANDO	· · · · · · · · · · · · · · · · · · ·	2024 KAR
(b)	Registered Agents inc		25
(1)7	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:	
	7901 4th St N		
	NEW Registered Office Address:		<u> </u>
	STE 300		
	St. Petersburg	33702	
he cha igent v vas/we	mited fiability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registered of ability company of the limited lia climited liability	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Sima	ure of a member or afithorized representative of a member	Robin Jones	Printed or typed name of signee
I herel provisi the obli to merc	by accept the appointment as registered agent and agent of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address. If in writing of this change.	ree to act in this performance of d for in Chapter hereby confirm	s canacity. I further agree to comply with the

Signature of Registered Agent

David Roberts

- Assistant Secretary