_	
(Red	questor's Name)
(Add	dress)
(Add	dress)
(City	y/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	siness Entity Name)
(Do	ocument Number)
Cenified Copies	Certificates of Status
Special Instructions to Filin	ng Officer:

Office Use Only



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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 124395 8423450

*#* 

COST LIMIT : \$ (25.00

AUTHORIZATION

\_\_\_\_\_\_

ORDER DATE: November 9, 2023

ORDER TIME : 9:29 AM

ORDER NO. : 124395-128

CUSTOMER NO: 8423450

\_\_\_\_\_

## CHANGE OF AGENT

NAME: SOUTHERN LITHO SPACE COAST LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

## 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. Na	ame of the limited liability company: SOUTHERN I	LITHO SPA	CE COAST LLC		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	9010 STRADA STELL CT STE 103		9010 STRADA ST	FRADA STELL CT STE 103 S, FL 34109	
	NAPLES, FL 34109		NAPLES, FL 3410		
	06/13/2022		M22000009235		
3.	Date of filing/registration in Florida	4.	Docume	ent number	
5. (a)					
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	<b>3</b>	
	NORTHERN LITHO, LLC			r	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			HO.	
	9010 STRADA STELL CT., STE. 103			- i ω	
	NAPLES	34109			
(b)	Enter name of NEW Registered Agent and/or NEW Register			- : <del>(</del> 1	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	ress:	~	
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee	FL 32301			
	imited liability company is not organized under the l				
agent v was/we	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members acles of organization or the operating agreement of the	liability cor s of the limi	npany, it is hereby red liability compa	confirmed that the change(s)	
	/s/ Daniel Conley	Dani	el Conley, Authoriz	ed Person	
	ture of a member or authorized representative of a member		Printed o	or typed name of signee	
I herei provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provia ely reflect a change in the registered office address. I I in writing of this change.	ie performa led for in Ci I hereby con	nce of my duties, år napter 605, F.SO nfirm that the limite	nd I am familiar with and accept r, if this document is being filed ed liability company has been	
	Drace C. Kubip	GRAC	EEKIRBY, ASS	T. VICE PRESIDENT	
Signatu	re of Registered Agent				