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| (Requestor's Name) | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only

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

| ACCOUNT | NO. | : | I20000000195 |
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REFERENCE : 986966 8415422

AUTHORIZATION :

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COST LIMIT :

ORDER DATE : September 14, 2023

- ORDER TIME : 2:04 PM
- ORDER NO. : 986966-004

CUSTOMER NO: 8415422

CHANGE OF AGENT

NAME: FOL INTERMEDIATECO LLC

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.

| I. Na | ame of the limited liability company: FOL INTERME | DIATEC | O LLC | | | |
|-----------------------------------|--|--|--|---|--|--|
| 2. (a) | | | | | | |
| (_) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | ` | Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) | | | |
| | 1170 KANE CONCOURSE STE 301 | | 1170 KANE CONCOURSE STE 301 | | | |
| | BAY HARBOUR, FL 33154 | | BAY HARBOUR, FL 33154 | | | |
| | 07/27/2022 | | M220000 | 11727 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | | | | | | |
| 3. (a) | Registered Agent and Registered Office shown on the records of | the Florid | la Dept. of Star | — te: | | |
| | C T CORPORATION SYSTEM | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRES | <u></u> | | | |
| 1200 S PINE ISLAND RD #250 | | | | | | |
| | PLANTATION FI | 33324 | | FILED | | |
| | | | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | | | HID: 37 | | |
| | Inter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office a | <u>ddress</u> : | ANDE 37 | | |
| | Corporation Service Company | | | خل | | |
| | NEW Registered Office Address: | | | - | | |
| | 1201 Hays Street | | | _ | | |
| | Tallahassee, Fi | 32301 | | _ | | |
| change agent w was/we | imited liability company is not organized under the lator or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | e register ability c of the lir | ed office an ompany, it i nited liabilit | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in | | |
| /s/ S | Stella Templo | Ste | ella Templo, | Authorized Person | | |
| Signat | ture of a member or authorized representative of a member | | | Printed or typed name of signee | | |
| provision the oblic to mere | by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I | ree to ac perform d for in hereby c | t in this cap hance of my Chapter 605 confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | | |
| notified | tin writing of this change. | GR/ | ACE E KIRI | BY, ASST. VICE PRESIDENT | | |

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent