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Thank you!

COVER LETTER

Registration Section

TO:

Division of Corporations FL999 1.1.C SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MacKenzie Stewart Name of Person Stinson LLP Firm/Company 1201 Walnut Street, Suite 2900 Address Kansas City. MO 64106 City/State and Zip Code mackenzie.stewart@stinson.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MacKenzie Stewart Area Code & Daytime Telephone Number Name of Person MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, Florida 32314 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy □ \$25 Filing Fee INHS18 (2/14)

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.

. (a)	746 Mill Street E	(b)	746 Mill Street E
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Wayzata, MN 55391		Wayzata, MN 55391
	7/28/2022		N122000011818
	Date of filing/registration in Florida	4.	Document number
()	Corporation Service Company		
. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dep	ept. of State:
	•		· Pr
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	
	Registered Office Address proof DE 1 However Annual		20 1
	TallahasseeFI	32301	
			ept. of State:
(b)	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address	<u>ss</u> :
	TOTALL		_
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation, FI	33324	
he cha gent v vas/w	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	I the registere lability comp of the limited	red office and the business office of the registere pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in
	/s/David Jenson		David Jenson
	ture of a member or authorized representative of a member		Printed or typed name of signee
	by accept the appointment as registered agent and ag	ree to act in . performanc	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and acce, apter 605, F.S. Or, if this document is being file firm that the limited liability commany has been

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