maa000013015

| (R | equestor's Name) | | | | | | |
|--------------------------|---------------------|-------------|--|--|--|--|--|
| (A | ddress) | - | | | | | |
| (A | ddress) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | | |
| (B | ousiness Entity Nar | ne) | | | | | |
| (D | Occument Number) | | | | | | |
| Certified Copies | Certificates | s of Status | | | | | |
| Special Instructions to | o Filing Officer: | | | | | | |
| | | 580 | | | | | |





200440556122

SECRETARY OF STATE TALIAHASSEE, FL 2024 DEC 11 AMII: 32 2024 DEC 11 PH 3: 16

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 812866 8375431

AUTHORIZATION :

COST LIMIT : \$ 25.0

ORDER DATE : December 5, 2024

ORDER TIME : 10:47 AM

ORDER NO. : 812866-069

CUSTOMER NO: 8375431

CHANGE OF AGENT

NAME: GEIGER KEY FISH CAMP OPCO, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

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. N | ame of the limited liability company: GEIGER KEY I | FISH CAM | IP OPCO, | LLC | | | |
|-------------------------|---|--|---|---|--|---|-------------------------|
| 2. (a) | | (b |) | | | | |
| , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | 10221 RIVER ROAD #59831 | | 10221 RI | VER ROAD #59831 | | | |
| | POTOMAC, MD 20859 | | POTOMA | AC, MD 20859 | | | |
| | 08/02/2022 | | M220000 | 12015 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | • | |
| 5. (a | | | | | | | |
| 5. (a | Registered Agent and Registered Office shown on the records of NORTHWEST REGISTERED AGENT LLC | f the Florida | Dept. of Stat | – e: | SECRI TALI | 2024 DEC 11 | |
| | Registered Office Address (MUST BE FLORIDA STREET | "ADDRESS | <u> </u> | _ | A A | | eve eve |
| | 7901 4TH ST N STE 300 | , 117 (1 212,117) | 4 | | AS RY | | i |
| | ST PETERSBURG | 33702 | <u> </u> | _ | RETARY OF STAT ALLAHASSEE, FL | PM 3: 16 | C |
| (b) | Enter name of NEW Registered Agent and/or NEW Registere Corporation Service Company | d Office ad | dress; | - | ľΉ | | |
| | NEW Registered Office Address: | | | _ | | | |
| | 1201 Hays Street | | | _ | | | |
| | Tallahassee F | l32301 | | _ | | | |
| chang agent was/w | limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | e registere iability co of the lim | ed office an mpany, it i ited liabilit | d the business office s hereby confirmed the y company or as othe | of the reg hat the cha | istered inge(s) | |
| /S/ Austin Berk | | | tin Berk, Au | uthorized Person | | | |
| Sign | ature of a member or authorized representative of a member | | | Printed or typed name of | t'signce | | |
| the of to me | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I red in writing of this change. | ree to act e performe ed for in C hereby co | in this cape ince of my chapter 605 infirm that | acity. I further agree duties, and I am fami i, F.S. Or, if this doc the limited liability c | e to complifiar with a ument is h ompany h | v with I ind acc peing fit as beer | the rept led i |
| | nace tokuby | | | | | | |
| • | ure of Registered Agent | | | | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25.00