## M777000012368

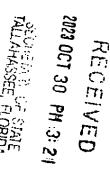
(Requestor's Name)
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200416345002

R. HUNT 10/20/23



CORPORATION SERVICE COMPANY

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

ACCOUNT NO. : 12000000195	
REFERENCE : 097996 8385204	
AUTHORIZATION : The season	
COST LIMIT \$ 25.00	
ORDER DATE: October 30, 2023	
ORDER TIME : 1:33 PM	
ORDER NO. : 097996-005	285 287
CUSTOMER NO: 8385204	is file.
CHANGE OF AGENT	DIVISION OF CORPORATION OF 2008 IN 18101
NAME: CORRY CAPITAL ADVISORS, LLC	,
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY	
CONTACT PERSON: Eyliena Baker  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.

2. (a)		(b)			
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of li	mited liability company: POST OFFICE BOX)	
	3505 OCEAN DRIVE	350	3505 OCEAN DRIVE  VERO BCH, FL 3295		
	VERO BCH, FL 3295	VE			
	08/08/2022	M22	000012368		
3.	Date of filing/registration in Florida	4.	Document numb	oer .	
5. (a)					
	Registered Agent and Registered Office shown on the record F & L CORP.	ls of the Florida Dept	, of State:		
		COT (DANIECO)			
	Registered Office Address (MUST BE FLORIDA STRE ONE INDEPENDENT DRIVE, STE 1300	LET ADDRESS)			
		<u> </u>	·· <del>·</del>	9) y 202	
	JACKSONVILLE	, FL		pivišjak ar cc 2023 OCT 30	
				07.00 H 00	
(b)	Enter name of NEW Registered Agent and/or NEW Register			DIVÎSIÊN ÎN ÎNÊT Î 2023 OCT 30 F	
	Enter name of NEW Registered Agent and/of NEW Registr	ereu Omee auuress.		PM12: 40	
	Corporation Service Company				
	NEW Registered Office Address:			<b>0</b>	
	1201 Hays Street				
	Tallahassee	32301			
		,rL			
change agent w was/we	mited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membe cles of organization or the operating agreement of	the registered off d liability comparers of the limited l	ice and the business off ny, it is hereby confirme lability company or as	fice of the registered ed that the change(s)	
/s/ Ryan	ı Byrd	Ryan Byi	rd, Authorized Person		
Signat	Signature of a member or authorized representative of a member		Printed or typed na	me of signee	
provisio the obli to mere	ov accept the appointment as registered agent and in some of all statutes relative to the proper and compligations of my position as registered agent as providy reflect a change in the registered office address. In writing of this change.	ete performance e	of my duties, ånd I am f	amiliar with and accept	

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: S25.00