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Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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10.	Division of Corporations			<u> </u>
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From				=
	Account Name : C T CORPORA			~
	Account Number : FCA00000002 Phone : (954)208-08			7
	Fax Number : (614)573-39			
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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. N	ame of the limited liability company: BAKER SOUT	HEAST YAR	D LLC			····	
2. (a)							
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,\	1.7	ing address of limited liability company: ote: MAY BE POST OFFICE BOX		
	900 N. GARVER RD, MONROE, OH 45050	<u></u> -		RVER RD, MONROE, OH 45050			
	11/01/2022	ħ	42200 0016				
3.	Date of filing/registration in Florida	4.		Document number			
	NATIONAL REGISTERED AGENTS, INC.						
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida D	Ocpt. of State	2 :			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD				2022	: - 	
	PLANTATION	FL_33324			- 330	10 MOI 12 MOI 14 MOI	
(h)	NRAI Services, Inc.				<u>-</u>	- 5.4.5 - 5.4.5	
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office addr		•	AM II: 2	5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation	FL 33324					
the chagent	limited liability company is not organized under the sange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the formula of the control of the con	laws of the S of the registed liability con rs of the limit the limited ha	ered office npany, it is led liability ability con	s hereby confirmed that y company or as otherwi	the chan	egistered ige(s)	
Sign	ature of a member or authorized representative of a member	1401		Printed or typed name of sig	nec		
I here provis the ob to me notifie By:	eby accept the appointment as registered agent and complexions of all statutes relative to the proper and completifications of my position as registered agent as provingly reflect a change in the registered office address, ed in writing of this change. NRAI Services, Inc. 121111111111111111111111111111111111	ided for in Cl , I hereby cor	n this cap nce of my hapter 603 ifirm that	acity. I further agree to duties, and I am familia i, F.S. Or, if this docum the limited liability com	comply r with an ent is be pany has	with the id accept ing filed s been	
Signing	are of Reference Agent						

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