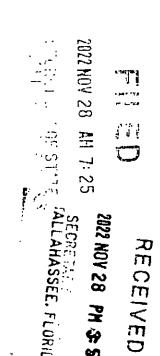
M22000016993

(Requestor's Name)						
(Address)						
(Address)						
(C	ity/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						

Office Use Only



800391505398



A. BUTLER NOV 3 0 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 160314 7567450						
AUTHORIZATION :						
COST LIMIT : \$ 25.00						
ORDER DATE: November 28, 2022						
ORDER TIME : 2:50 PM						
ORDER NO. : 160314-005						
CUSTOMER NO: 7567450						
CHANGE OF AGENT						
NAME: AMZAK STATION LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						

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.

l.	Na	me of the limited liability company: AMZAK STATIO	N LLC				
7			(h)			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)		
		980 NORTH FEDERAL HWY SUITE 315		980 NOR	TH FEDERAL HWY SUITE 315		
		BOCA RATON, FL 33432	_	BOCA RA	ATON, FL 33432		
		11/07/2022		M220000	16993		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)				_		
		Registered Agent and Registered Office shown on the records of t	he Florid	Ia Dept, of Stat	107		
		ESPINAL, LUIS			三 三 1		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u></u> : <u>S)</u>	2022 NOV 28		
		980 NORTH FEDERAL HWY SUITE 315					
		BOCA RATON .FL	33432		至7:25		
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office a	ddress:			
		NEW Registered Office Address:					
		1201 Hays Street			_		
		Tallahassee, FL_	32301		_		
ch: ag: wa	ange ent w is/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	register bility co f the lin	ed office and ompany, it is nited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
/s	/ Micl	hael Kazma	Mic	chael Kazma	a, Manager		
	Signat	ure of a member or authorized representative of a member			Printed or typed name of signee		
pre the to	ovisic e obli mere	w accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to ac perform for in (ereby c	t in this cape cance of my c Chapter 605 onfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
Sig Gra	gnatur ace E.	e of Registered Agent Kirby, Asst. Vice President on behalf of Corporation Service Com	pany				

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