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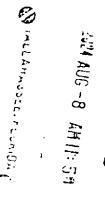
(Requestor's Name)				
(Ac	ddress)	· . <del>-</del>		
(Address)				
(Ci	ity/State/Zip/Phone #	<i></i>		
PICK-UP	MAIT	MAIL		
(Bu	usiness Entity Name	)		
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<del></del>	ocument Number)			
(2)				
Certified Copies	Certificates	of Status		
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Special Instructions to Fili	ng Officer:			
		J. HOD.		
		J. HORNE AUG - 9 2024		
		9 2024		
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Office Use Only



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CZVILLUS &

CORPORATION SERVICE COMPANY

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

ACCOUNT NO. :	12000000195				
REFERENCE :	568109 4322610				
AUTHORIZATION :	Lange Dollar				
COST LIMIT :	\$ 25.00 sole man				
ORDER DATE : July 31, 2024					
ORDER TIME : 8:55 AM					
ORDER NO. : 568109-034					
CUSTOMER NO: 4322610					
CHANGE OF AGENT					
NAME CAGARIANGA GERY					
NAME: CASABLANCA SERV	ICES, DUC				
DIENCE DEMINN MUD POLICUINO NO DI	NOT OF FILTING				
PLEASE RETURN THE FOLLOWING AS PI	COOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Shauna Godbolt					
EXAM	NER'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.

1. N	ame of the limited liability company: CASABLANCA	SERVIC	ES, LLC	·
2. (a)		(t	o)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del>_</del>	Mail	ling address of limited liability company: Note: MAY BE POST OFFICE BON)
	3805 WEST CHESTER PIKE STE 240		-	CHESTER PIKE STE 240
	NEWTOWN SQUARE, PA 19073		NEWTOWN	SQUARE, PA 19073
		<del></del>		
	11/18/2022	_	M2200001745	
3.	Date of filing/registration in Florida	4.	Do	cument number
5. (a)	Registered Agent and Registered Office shown on the records of			
	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC.	the Florida	i Dept. of State:	
	Registered Office Address	ADDRESS		
	115 NORTH CALHOUN ST. STE 4		_	
	TALLAHASSEE . FI	32301		2028 A
	, , ,			
(b)				ر با المار الم المار المار ال
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			•
	Corporation Service Company			් ව
	NEW Registered Office Address:			<u>ယ</u> င)
	1201 Hays Street			
	Tallahassee	32301		
	.FI			
change agent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim limited I	ed office and the mpany, it is her ited liability co iability compan	e business office of the registered reby confirmed that the change(s) impany or as otherwise provided in
	larisa Mel lugh	Mar	isa McHugh	
•	iture of a member or authorized representative of a member			nted or typed name of signee
(ne obl (o mer	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It din writing of this change.	ree to act performa d for in C hereby co	in this capacity mee of my dutic hapter 605, F.) infirm that the i	v. I further agree to comply with the es, and I am familiar with and accept S. Or, if this document is being filed limited liability company has been
$\mathcal{L}$	are tokuble			
Signatu	ire of Registered Agent\ Grace F. Kirby, Asst. Vice	Presiden	1	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 568109