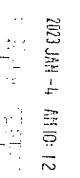
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Special Instructions to Filin	ng Officer:	
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Office Use Only



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11:11:17 to 11:30

A. BUTLER

JAN - 5 2023

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 303866 8197976

AUTHORIZATION :

COST LIMIT : 125.00 Mar.

ORDER DATE : January 3, 2023

ORDER TIME : 9:06 AM

ORDER NO. : 303866-005

CUSTOMER NO: 8197976

CHANGE OF AGENT

NAME: SEEMAN HOLTZ VUW, 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.

1. N	ame of the limited liability company: SEEMAN HOLT	_TZ VUW, 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)
	300 DOUSMAN ST	301 YAMATO RD STE 2250
	GREEN BAY, WI 54303	BOCA RATON, FL 33431
	11/04/2022	M22000017831
3.	Date of filing/registration in Florida	4. Document number
5. (a)		
(,	Registered Agent and Registered Office shown on the records of PARACORP INCORPORATED	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)
	155 OFFICE PLAZA DRIVE, 1ST FLOOR	202
	TALLAHASSEE . FI	32301 JAN 17
		<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:
	Corporation Service Company	
	NEW Registered Office Address:	 -
	1201 Hays Street	
	Tallahassee . Ft	-L_32301
change agent was/w	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited limit	aws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) sof the limited liability company or as otherwise provided in the limited liability company.
	ine Paul	Elaine Paul, Authorized Person
Signa	ature of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to m er	ions of all statutes relative to the proper and complete	gree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and acce led for in Chapter 605, F.S. Or, if this document is being file I hereby confirm that the limited liability company has been
	re of Registered Agent E. Kirby. Asst. Vice President on behalf of Corporations P.O.	tion Service Company Roy 6327a Tallahassaa El 32314

FILING FEE: \$25.00

INHS18 (2/14)