## M2200018630

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(Address)							
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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.	Na	me of the limited liability company: Marlin Safety H	arbor P	rop	co LLC		
2. (	a)	4500 Dorr Street		(b)	4500 Dorr	500 Dorr Street	
(	<del>-</del> , .	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)		(0)		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Toledo, OH 43615			Toledo, Oh	ł 43615	
		12/14/2022		<u>,</u>	и22000018	630	
3.		Date of filing/registration in Florida	4.		Γ	Document number	
5.	(a)		. <u> </u>				
		Registered Agent and Registered Office shown on the records of the Florida  PLATINUM AGENT SERVICES LLC  Registered Office Address  (MUST BE FLORIDA STREET ADDRESS)			Dept. of State:	1023 SEP 25 AM 9: 24	
						SEP F	
		155 Office Plaza Dr., Suite D				EP 25 A	
		Tallahassee	32301			EP 25 AM 9:	
			- <u></u>		<del></del>	-02 9	
(	b) .		_			24	
		Enter name of NEW Registered Agent and/or NEW Registered	i Office a	<u>ıddı</u>	ress:	•	
		Corporation Service Company					
		NEW Registered Office Address:	•				
		1201 Hays Street					
		Tallahassee, FI	32301 				
char ager was/	ige it w /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 lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registe ability of the li	red com mit	office and pany, it is led liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
Sharon Makowsky				narc	on Makowsi	<u> </u>	
		HEAGE member or authorized representative of a member				Printed or typed name of signee	
prov the c to m	risio obli ere	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as providedly reflect a change in the registered office address, I l'in writing of this change.	ee to ac perform d for in hereby c	et ir nan Ch con	n this capac ice of my di apter 605, firm that th	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been	
Sign		e of Registered Agent		Gra	ice E. Kirby	, Asst Vice President	
១ធ្វើព	Tru1.	e of meginieren Agent					