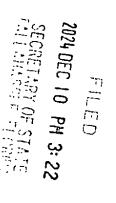
M23000002751

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. DENNY						
J. Dennis 12-10-24						

Office Use Only



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2024 DEC TO AMITE

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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.

l. Na	me of the limited liability company:	DEL. LLC)				
2. (a)	577 W. Nationwide Blvd		(b) P.O. BOX 340290				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	.~/_	_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Columbus, OH 43215		COLUMBUS, OH 43234				
	03/03/2023		M23000002751				
3.	Date of filing/registration in Florida	4.		Document	t number		
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: C T CORPORATION SYSTEM						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD				2024 DEC SECRET		
	PLANTATION	33324			FIL DEC 10 RETARY		
	Enter name of NEW Registered Agent and/or NEW Registered O Corporation Service Company			<u>2885</u> :	PH 3: 22 OF STATE		
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee, FI	32301					
change agent v was/wo he arti	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light end of the members cles of organization or the operating agreement of the BRIAN T MURPHY	e register ability co of the line limited	red (comp mite liab	office and the busin pany, it is hereby co ed liability company	ness office of the reporting that the confirmed that the confirmed that the confirmed as otherwise p	egistered hange(s)	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee				
provisi he obl to mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to ac perforn ed for in hereby c	et in ranc Che conf	this capacity. I fur ve of my duties, and upter 605, F.S. Or, irm that the limited	ther agree to com I am familiar with if this document is liability company	ply with the h and accept s being filed has been	
<u> </u>	OCA C-KUDY GRACE E. KIRBY, ASST. V	/ICE PR	.ESI	DENT			
Signatu	re of Registered Agent \						

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