M23000014467

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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.

2. (a)	101 S TRYON ST. STE 2700	1	(b) 2190 W STATE RD 84	
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CHARLOTTE, NC 28280		FORT LAUDERDALE, FL 33312	
	11/13/2023		M23000014467	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	C T CORPORATION SYSTEM			
<i>J.</i> (a)	Registered Agent and Registered Office shown on the records of	f the Flori	orida Dept. of State:	
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	PLANTATION , F	L_33324		
(b)	Telos Legal Corp.			
•	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	e address:	
	155 Office Plaza Dr			
	NEW Registered Office Address:	8 P		
	Tallahassee, F	L_32301	DIZUDEC 18 PH 2: 09 SEGLEMAN SSEE, FL	
change agent v was/w	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lear authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registe iability c of the li	company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in	
	Lachel Cain	Ra	Rachel Cain	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provise the obe to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	ree to ac e perforn ed for in hereby c	act in this capacity. I further agree to comply with th rmance of my duties, and I am familiar with and acce in Chapter 605, F.S. Or, if this document is being file y confirm that the limited liability company has been	

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

Signature of Registered Agent

TORES - WELF- Fre & & R.