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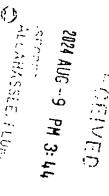
(Requestor's Name)
(Address)
(Address)
(Cit. (Cit /7: - (Oh #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallbassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	12000000195						
REFERENCE :	575261 7,67,9235						
AUTHORIZATION :							
COST LIMIT :	\$ 25.00						
••••							
ORDER DATE : August 5, 2024							
ORDER TIME : 12:28 PM							
ORDER NO. : 575261-093							
CUSTOMER NO: 7679235							
CHANGE OF AGENT							
NAME: PATH FORWARD IT, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY							
XX PLAIN STAMPED COPY							
CONTACT PERSON: Amanda Miller							

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. Na	ame of the limited liability company: PATH FORWAR	RD IT, LL	_C			
2. (a)	8044 MONTGOMERY RD., STE, 510	Ü	(b) 8044 MONTGOMERY RD., STE. 510			
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(٠, .		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	CINCINNATI, OH 45236	_	_	CINCINNA	TI, OH 45236	
	11/15/2023		N	123000014	623	
3.	Date of filing/registration in Florida	4.		D	Oocument number	
5. (a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM	_		ept. of State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 SOUTH PINE ISLAND ROAD						
	PLANTATION FL	33324			101	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company					1004 AUG -9 PH 12: 26	
	NEW Registered Office Address;				25	
	1201 Hays Street				gan o	
	Tallahassee FL	32301				
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere bility co f the lin	ed omp nite	office and to pany, it is hed liability of	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in	
/s	/ Kathy Forman	Kat	hy	Forman, A	uthorized Person	
•	ture of a member or authorized representative of a member				rinted or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete plactions of my position as registered agent as provided ely reflect a change in the registered office address. I have in writing of this change.	perform	/117/	re ot my du	ties, and I am familiar with and accept-	
	/s/ Grace E. Kirby	<u>GRA</u>	CE	E. KIRBY	7. ASST. VICE PRESIDENT	
Signatu	re of Registered Agent					

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