Division of Corporations



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1.

LLC REGISTERED AGENT CHANGE ALDEVRON MADISON, LLC

**Enter the email address for this business entity to be used for future

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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	ame of the limited liability company: ALDEVRON MA	ADISON	l, LLC		
2. (a)	5602 RESEARCH PARK BLVD.		(b) 5602 RESEARCH PARK BLVD.		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	MADISON, WI 53719		MADISON	N, WI 53719	
	. tw.,	_			
	- 1. d				
	03/27/2024		M24000003	963	
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.		Document number	
J. (a)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flori	da Dept. of State	- 9:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
٠.	. ::				
	PLANTATION FI	33324		•	
(b)	United Agent Group Inc.			20 24. P	
٠.	Enter name of NEW Registered Agent and/or NEW Registered	Office #	ddress:	` -	
	801 US Highway 1			2:	
	NEW Registered Office Address:			· .	
	87				
	North Palm Beach , FL	33408		- -	
change agent was/w	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 like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the li	red office and company, it is mited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in	
Kim Stokem, Att Signature of a member or authorized representative of a member		omey in Fact			
				Printed or typed name of signee	
the obj	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change.	ree to ac perforn d for in hereby (ct in this capa nance of my a Chapter 605 confirm that t	acity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
	Stoken Kim Stokem Special Secretary				

Signature of Registered Agent