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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. N	ame of the limited liability company:	EMORY ELECTR	IC AC	JUI	SITION.	LLC	
2. (a)	\$13 RIDGE LAKE BLVD.		(1	ь) ⁸	813 RIDGE LAKE BLVD.		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Principal office address of limited li (Nate: MUST BE STREET a		_ `	· _		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	MEMPHIS, TN 38120-9403		_	<u>N</u>	4EMPHI	5, TN 38120-9403	
	07/18/2024		_	M	24000009	209	
3. 5. (a)	Date of filing/registration in PARACORP INCORPORATED	n Florida	4.			Document number	
<i>3.</i> (a	Registered Agent and Registered Office sho 155 OFFICE PLAZA DRIVE	wn on the records of th	ie Florid	a De	pt, of Stat	- c:	
	Registered Office Address <u>(MUST BE F</u> 1ST FLOOR	LORIDA STREET AI	DDRES.	<u>S)</u>			
	TALLAHASSEE	FL_	32301			FILE 2025 JAN 31	
(b)	C T Corporation System					200 111	
	Enter name of <u>NEW Registered Agent</u> and	for <u>NEW Registered (</u>	)ffice ac	<u>idre</u> :	<u>\$5</u> :	D OF SIALE <b>36 9: 06</b>	
	NEW Registered Office Address:						
	1200 South Pine Island Road					-	
	Plantation	, FL	3324			_	
the ch agent was/w	ange or changes are inade, the Florida will be identical. Or, in the case of a	street address of t Florida limited liab of the members of	he regi bility co the lin	ister omp nite	ed offic bany, it i d liabilit	orida, it is hereby confirmed that after e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany.	
	James A. Howard		JAM	AES	A. HOW	ARD, EXECUTIVE CHAIR	
Sign	nurs of a memorized representative	of a member				Printed or typed name of signee	
provis the ob to mer	by accept the appointment as register ions of all statutes relative to the pro- ligations of my position as registered rely reflect a change in the registered al in writing of this change. C T Corporation System	ed agent and agre per and complete p agent as provided office address, 1 hi ( )	e to ac erform for in creby c	t in and Cha onf.	this cap ce of my upter 60: irm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

Signature of Registered Agent

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

SEAN L. EMERICK, ASSISTANT SECRETARY

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By: