

COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

0726064.09

mmoore POC

Michael G. Adams Kentucky Secretary of State Received and Filed: 11/18/2024 2:57 PM Fee Receipt: \$10.00

Statement of Char	ige of F	Principal Office Address	POC
	73, 274, 2	275, 362 or 386 the undersigned hereby app	plies to
		and for that purpose submits th	ne following:
ne on record with the Secret	ary of Stat	e.)	
ently on file:		Principal office is hereby changed to:	
OOR		TOWN CENTER TWO	
		5335 GATE PARKWAY, 4TH FLOOR	
		JACKSONVILLE, FL 32256	
	S 14A and KRS 271B, 27 ss on behalf of	S 14A and KRS 271B, 273, 274, 2 ss on behalf of me on record with the Secretary of State rently on file:	and for that purpose submits the me on record with the Secretary of State.) Principal office is hereby changed to: TOWN CENTER TWO 5335 GATE PARKWAY, 4TH FLOOR

X

Lana Rabinovitch

Signature of Authorized Agent

Printed Name

Fee: The fee for this filing is \$10.

itch Nov. 15, 2024

d Name Date