LOG 0000 91461

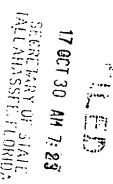
(Reques	tor's Name)					
(Address	5)					
(Address	3)					
(City/Sta	te/Zip/Phone #)					
PICK-UP	WAIT MAIL					
(Busines	ss Entity Name)					
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer:						

Office Use Only



800305117628

10/30/17--01024--019 **345.00



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

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(p	Mailing address of limited fiability company: (Note: MAY BE POST OFFICE BOX)	-		
	319 Clematis Street, Suite 708	_	319 Clematis Street, Suite 708			
	West Palm Beach, FL 33401	_	West Palm Beach, FL 33401	-		
	09/18/2006		L06000091461			
	Date of filing/registration in Florida	- 4.	Decument number	~		
. (a)	Registered Agent and Registered Office shown on the records of LISA GERARD	the Florica	Dept of State			
	Registered Office Address (MUST BE FLORIDA STREET) 319 Clematis Street, Suite 708		 	12.5		
	West Palm Beach, FL	33401			<u></u>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office add		で変形	OCT 30	j. j.
	HILLARY O'BRIAN			; J⊸(AH	j:
	NEW Registered Office Address:			3 ²⁴ :		11
	319 Clematis Street, Suite 708				7	,
	West Palm Beach, FL	33401	~~ ~~		(3) (%)	
the line char geny we was we negation	mited liability company is not organized under the latage or charges are made, the Florida street address of vill be plorited. Or, in the case of a Florida limited little of the members	the regis ability co of the lim limited l	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in ability company.	i		
1/,	ur a monber or authorized representative of a member	ALF	RED N. MARULLI			
		ee to act perjormi	Printed or typed name of signer n this capacity. I further agree to comply with the nee of my duties, and I om familiar with and accep	′		
	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide the reflect a change in the registered office address. It is writing of this change to a registered office address, it is a registered of the registered	d for in (hereby co	iften that the limited liability company has been			
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~					