

L12000025467

Florida Department of State
Division of Corporations
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Division of Corporations
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Account Name : LEGALZOOM.COM INC.
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**LLC REGISTERED AGENT CHANGE
STRATEGEE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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JLS
9-19-18

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. Name of the limited liability company: STRATEGEE, LLC
2. (a) 1200 N. Federal Hwy., Ste. #200 (b) 2431 N. Coral Trace Cir.
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
Boca Raton, FL 33432 Delray Beach, FL 33445

3. 02/21/2012 Date of filing/registration in Florida 4. L12000025467 Document number

5. (a) Manuel A. Ramirez
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1805 Ponce De Leon Blvd., Ste. #500
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Coral Gables FL 33134

- (b) UNITED STATES CORPORATION AGENTS, INC.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
13302 WINDING OAK COURT, SUITE A
 NEW Registered Office Address:

TAMPA FL 33612

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Mateo Arjona Molina

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent
CHRYLLE M. SHELLEY, ASSISTANT SECRETARY, LIMITED
STATES CORPORATION AGENTS, INC.

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

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