Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:			
	Division of Co	rporations : (850)617-6383	
	rax number	. (634)017-0363	
From:			2018 OCT SECRET
		: REGISTERED AGENTS INC.	TACE OF THE PERSON OF THE PERS
		: I20090000081 : (307)200-2803	
		: (855)330-1010	₹ 2 7
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LLC REGISTERED AGENT CHANGE **MEADOW SWEET LLC**

Certificate of Status	0
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Help

10.95.18

(I)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

4. 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.

r <i>ioria</i> c 1. Na	me of the limited liability company: Meadow	Swee	et LLC		
	235 LINCOLN ROAD	(b)	4966 EL CAMINO REAL	EL CAMINO REAL	
(u)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 207		SUITE 205		
	MIAMI BEACH, FL 33139		LOS ALTOS, CA 94022		
	08/22/2012	L	L12000107983		
3.	Date of filing/registration in Florida	- 4.	Document number	_	
5. (a)	BERGMAN, ADAM				
· ()	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:		
	235 LINCOLN ROAD				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>	20°		
	SUITE 207		2018 OCT SECRET	f	
	MIAMI BEACH , FI	33139	- 	-	
(b)	Registered Agents Inc.	_	ووو المراسل	N	
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ltess:		
	3030 N. Rocky Point Dr.		OF STATE SSEE, FL		
	NEW Registered Office Address:				
	STE 150A				
	Tampa	33607			
Signa I here provist the obt to mer	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the true of a member or authorized representative of a member by accept the appointment as registered agent and agriculture of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address, I dim writing of this change. Bill Havre -Preside	f the regist lability coro of the limited limited limited limited limited limited limited limited performated for in Control of the limited li	tered office and the business office of the register mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in itability company. y Park Printed or typed name of signee in this capacity. I further garge to comply with the	— he	

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

Signature of Registered Agent

Y,,,