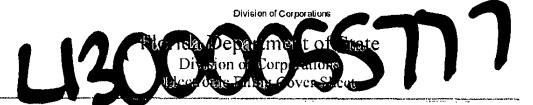
3/24/2017



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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.

	ame of the limited liability company:	
2. (a)	Principal office address of limited liability company:	
	(Note: MUST BE STREET ADDRESS) 702 South Lakeside Drive	(Note: MAY BE POST OFFICE BOX) 769 Portland Road
	LAKE WORTH, FL 33460	Saco, Maine 04072
	04/11/2013	L13000055777
3.	Date of filing/registration in Florida	4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of ARENS, ADAM S	f the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET 6859 FABIANO CIR.	ADDRESSI
	BOYNTON BEACH , F	33437 ES
		ARE MS T
(b) _.	Enter name of NEW Registered Agent and/or NEW Registers	APASSE AND SE
	C T Corporation System	EE, F.
	NEW Registered Office Address:	
	1200 South Pine Island Road	
	Plantation , F	33324
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of	aws of the State of Florida, it is hereby confirmed that after if the registered office and the business office of the register iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
		Printed or typed name of signee tree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and access for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been

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

INHS18 (2/14)