Division of Corporations



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LLC REGISTERED AGENT CHANGE SAVVYCARD FLORIDA FUND III, LLC

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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.

1. N	lame of the limited liability company: Savvycard Florid	ia Fund I	Π, Ι	.LC		
2. (a)		1	(b)			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(U).		_	imited liability company: POST OFFICE BOX
	1311 N. Westshore Boulevard, Suite 101			1311 N. W	estshore Bouleva	rd, Suite 101
	Tampa, FL 33607		-	l'ampa, Fl	. 33607	
	05/12/2015		L	150000834	446	
3.	Date of filing/registration in Florida	4.			Document num	ber
5. (a	Trenam Law					
J. (L)	Registered Agent and Registered Office shown on the records of 101 E. Kennedy Boulevard Registered Office Address (MUST BE FLORIDA STREET)			ept. of State	- e: -	
	Suite #2700					
	Tampa	33602			_	
		L			-	2023
(b)	TK Registered Agent, Inc.					ربي بي
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		-	: <u>:</u> .		
	101 E. Kennedy Boulevard					9
	NEW Registered Office Address:				-	<u>છ</u>
	Suite 2700					30
	Tampa , FI	33602			-	
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register ability c of the lir	red om mite	office and pany, it is ed liability	d the business of s hereby confirm y company or as	fice of the registered ed that the change(s)
	Humas Wallace	Th	oma	s Wallace		
Sign	ature of a member or authorized representative of a member				Printed or typed na	ame of signee
provis the ob to mei notifie	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as providerely reflect a change in the registered office address, I it is writing of this change.	ree to ac perform d for in hereby c	t in nand Cho conf	this capa ce of my a ipter 605 irm that t	acity. I further a duties, and I am ; , F.S. Or, if this the limited liabili	gree to comply with the lamiliar with and accept document is being filed ity company has been
	h _					
Signat	ure of Registered Agent					