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Florida Department of State

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LLC REGISTERED AGENT CHANGE ALPHA BETA GAMMA, L.L.C.

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S. WARREN MAR 0 1 2018

9,4

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:

ALPHA BETA GAMMA, L.L.C.

1. 146	ame of the fittitled flability company:		<u> </u>	
.2. (a)		(b)_		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limi (Note: MAY BE PC	• • •
	1845 SEVILLE BLVD, #621	<u>.</u> 1	845 SEVILLE BLVD, #	
	NAPLES, FL 34109		NAPLES, FL 34109	
	12/04/2017	l	.17000248079	
3.	Date of filing/registration in Florida	4.	Document numbe	r
5. (a)				
` '	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:	
	MONGE, SCOTT	·		
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)	•	
	1845 SEVILLE BLVD, #621		· · · · · · · · · · · · · · · · · · ·	圣治 👼
•	NAPLES, FL FL	34109-0	the At	GREET ARE
	:			美国 第一页
(b)				FILE TARY O TASSEE
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	55 ;	
	C T Corporation System			SI FLO
	NEW Registered Office Address:	· 	- 	골을 또
	1200 South Pine Island Road			A
	Plantation, Florida	33324		
76.4 V				e
the cha	imited liability company is not organized under the lav inge or changes are made, the Florida street address of	the register	ed office and the business of	office of the registered
agent v	vill be identical. Or, in the case of a Florida limited lie	sbility comp of the limite	eany, it is hereby confirmed I liability company or as of	that the change(s) herwise provided in
the arti	ore authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	limited liab	ility company.	
	Trate Monge		scott mona	e
	ure of a member or authorized representative of a member	_	Printed or typed nated	a of signee
I herel provisi the obli to mere	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I i in writing of the change.	ee to act in performance I for in Cha hereby conf	this capacity. I further agr se of my duties, and I am fa pter 605, F.S. Or, if this do irm that the limited liability	ee to comply with the miliar with and accept ocument is being filed company has been
нопугеа	in writing of instrumee. An II A	Jam	ies M. Halpin	
Signatur	e of Registered Agend	Ass	les M. Halpin Istant Secretary	
	Division of Corporations P.O. E.D. INC. E.			