## L18000104088

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
S. Oct. Soft						





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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:		(b) PO Box 1147, Tallahassee, Florida 32302				
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		)}	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	04/30/2018		L1800010	4088			
3.	Date of filing/registration in Florida	<u> </u>		Document numb	wr		
	Ausley & McMullen, P.A.	٠,		Document name			
5. (a)	Registered Agent and Registered Office shown on the records	of the Florid:	a Dent. of St				
	Ausley & McMullen, P.A.		. <b></b>				
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	5)	<del></del>			
	123 S. Calhoun St.		_				
	Tallahassee	32301 FL		<del></del>	SE SE	3	
	James M. Durant, Jr.			_	CRE	AUR 1606	
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	dress:		TAS:		
	The fame of 142.55 Registered Agent and of 152.55 Register	ed Office ad	<u>(01 € 43)</u> ,		447-4	; <u>v</u>	
	Boyd & Durant, P.L.					RE I	
	NEW Registered Office Address:					 .:	
	1407 Piedmont Drive East			<u>.                                    </u>	9	വ	
	Tallahassee	FL 32308					
change agent was/w	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the content of the corrections.	laws of the he register liability co	ed office a ompany, it nited liabil	and the business off is hereby confirme lity company or as	fice of the regi ed that the cha	stered nge(s)	
٧	ture of a member or authorized Appresentative of a member	Lau	ra Jernigan	1			
Signa	iture of a member or authorized Appresentative of a member			Printed or typed na	me of signee		
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi elv reflect a chan <del>ge in</del> the registered office address, d in writing of this change.	igree to act te perform ded for in 6 I hereby c	t in this ca ance of my Chapter 60 onfirm tha	pacity. I further as v duties, and I am f 95, F.S. Or, if this ut the limited liabili	gree to comply amiliar with a document is b ty company ho	with the and accept eing filed as been	
Signati	re of Registered Agent						