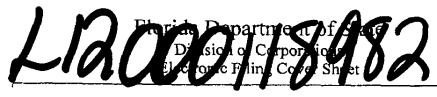
Division of Corporations



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LLC REGISTERED AGENT CHANGE LARRY M. MESCHES, P.L.

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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. Na	ame of the limited liability company: Larry M. Mes	sches, I	P.L.			·
(-/ -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	<u> </u>	Mailing address of limited hability company (Note: MAY BE POST OFFICE BOX) 4400 PGA Boulevard, Suite 304		
	4400 PGA Boulevard, Suite 304		4400 PG			
	Palm Beach Gardens, FL 33410	_	Palm Be	ach Gardens, FL	33410	
	9/17/12		L1200011	18982		
3.	Date of filing/registration in Florida	 4.		Document number	 	•
5. (a)	Larry M. Mesches					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	la Dept. of State	::		
	Paristand Office Address (AUST DC CLOSE) CTOFFE	- ADDRES		-		
	Registered Office Address (MUST BE FLORIDA STREET) 2855 PGA Boulevard, Suite 100	AUUKES	<u>3/</u>			
				-		
	Palm Beach Gardens FI	_33410) 	<u>. Ila</u>		
(ს)	Larry M. Mesches				S SEP	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office as	ddress:	5.1.1	' ' '	195mm
	•					1-9
	NEW Registered Office Address:				U	
	4400 PGA Boulevard, Suite 304			La di	Ç	
	7.001 07(2000 Vara, Calco Co)	<u> </u>			, 31	
	Palm Beach Gardens , FI	33410)	•		
the cha agent v was/we the arti	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the reginability confithe limited	istered office company, it is	and the business off shereby confirmed the company or as othe pany. ches	ice of the lat the charwise pro	registered ange(s)
/ -	ture of a member or authorized representative of a member	_ _		Printed or typed name of	_	
provisi the obli to mere notified	by accept the appointment as registered agent and age ons of all fatures relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change	ree to ac : perforn :d for in hereby c	n this cape nance of my c Chapter 605 confirm that i	acity. I further agree duties, and I am fami, F.S. Or, if this doct the limited liability co	to compl liar with i ument is b ompany h	ly with the and accep being filed as been
Signatu	of Registered Agent					
Lorder	Division of Corporations P.O. 1 FILING F			see, FL 32314		
HS18 (2/			-	H16000	2184	063