The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD B. VOGEL, ESQ. 02/12/2017

Authorized Person(s) Detail:
Title: MMBR
Name: VOGEL, JON
Address: 5440 GLADES ROAD
City-State-Zip: BOCA RATON FL 33441

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or an attachment with all other like empowered.

SIGNATURE: JON M. VOGEL 02/12/2017

MANAGING MEMBER