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LLC REGISTERED AGENT CHANGE WARE BROTHERS REALTY, LLC

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JUN 13 2019

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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	ame of the limited liability company: Ware Brother					
	11710 Central Parkway		(b) 11710 Central Parkway			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	۔ رق		Mailing address of limited liability company: Note: MAY BE POST OFFICE BOX	_
	Jacksonville, FL 32224		J	ackso	nville, FL 32224	- -
	12/05/2002		LO	2000	032642	_
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	RAX Co.					
J. (a	Registered Agent and Registered Office shown on the records of	the Florid	ia De	pt. of St	ute:	
	50 N Laura Street, Ste 3300					26
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>		77 (A)	
					—	JUN 12
	Jacksonville FI	32202	2		<u>_</u>	~
(b)	C T Corporation System				- 10	2
(0)	Enter name of NEW Registered Agent and/or NEW Registeres	d Office a	ddre.			<u>.</u>
	1200 South Pine Island Road				.35 cm	36
	NEW Registered Office Address:				_	
	Plantation	33324	4		-	
the chagent	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- rerelauthorized by an affirmative vote of the members titles of organization on the operating agreement of the	i the reg iability of of the lin	nste: comp mite	rea om par.y, it :d liabil	is hereby confirmed that the change(s) lity company or as otherwise provided in	
(Mater Mus	CH	hris	tophe	r W. Ware	_
	nture of a muniber or authorized representative of a member				Printed or typed name of signee	
the ol	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I	ree to a e perjori ed for in hereby	ci in nani Chi conj	this co ce of m apter 6 firm tho	pacity. I further agree to comply with it y duties, and I am familiar with and acce 05, F.S. Or, if this document is being file at the limited liability company has been	ept ed
A.	Made	onna Ci tant Se	udd			
	Division of Corparations P.O. FILING	Box 637 PEE: \$2	27 • 5.00	Taliah	assee, FL 32314	