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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : UNITED CORPORATE SERVICES, INC.

Account Number : I2014000108 Phone : (914)949-9188 Fax Number : (914)949-9618

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LEMIEUX

## 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.

. (a)	220 W GERMANTOWN PK #250	(b)_	
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  PLYMOUTH MEETING PA 19462		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	10/15/2003	L	.03000039454
(a)	Date of filing/registration in Florida  Joseph P Russell	4.	Document number
( )	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  3325 Bartlett Blvd		
	Registered Office Address	ADDRESS)	
	Orlando, F	L	
(b)	United Corporate Services, Inc.		<b>~</b>
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		<b>10</b> 20 20 20 20 20 20 20 20 20 20 20 20 20
	3458 Lakeshore Drive		2022 OCT
	NEW Registered Office Address:		
	Tallahassee , F	L <sup>32312</sup>	Lowby
ange ent v as/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited larte authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered iability comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
/yDiane Siegel		Diane :	
	ture of a member or authorized representative of a member by accept the appointment as registered agent and ag	ree to act in	Printed or typed name of signee a this capacity. I further agree to comply with the
herel	ons of all statules relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I	e performance	ce of my aunes, and I am jamuiar wiin an onter 605 F.S. Or if this document is hei