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COVER LETTER

Division of Cor							
Flex Site	LLC						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered	I Agent/Registered Offic	e Change and f	ee(s) are submitted for filing.	7			
Please return all corresp	ondence concerning this	matter to the fo	ollowing:	15 HAK 13			
Sally Larson							
	Name of Person	•	_				
Flex Site LLC				7>			
	Firm/Company	·					
500 Australian Ave	So #120		_				
	Address		_				
West Palm Beach F	L 33401						
Cit	y/State and Zip Code		_				
admin@rhodeshold	ings.net						
E-mail address: (to	be used for future annu	al report notific	cation)				
For further information	concerning this matter, p	olease call:					
Sally Larson	·	561 at (659-5400				
Name o	f Person		Area Code & Daytime Teleph	ione Number			
STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, Flo	porations 3 Center Circle	Reg Div P.O	istration Section ision of Corporations . Box 6327 ahassee, Florida 32314				
Enclosed is a c	heck for the following a	amount:					
☑ \$25 Filing Fe	ee	□ \$5:	5 Filing Fee & Certified Copy				

INHS18 (2/14)

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: Flex Site Llc					<u>-</u> .	
2. (a)	500 Australian Ave So		500 Aus	tralian Ave	So		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(dailing address of (Note: MAY B.			-
	Suite 120		Suite 120	0			
	West Palm Beach FL 33401	_	West Pa	lm Beach F	L 33401		
	04/28/2005		L0500004	2021			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	CorpDirect Agents Inc.						
J. (u)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	:			
	1200 So Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>s)</u>				
	Plantation FI	33324				15 K	a stratung
(L)	Paul Rhodes						A B
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office ac	ldress:		#### ####	ယ	i neasts.
	500 Australian Ave So					PH 12:	-
	NEW Registered Office Address:					0	
	Suite 120				,,		
	West Palm Beach , FI	_33401					
the cha agent v was/wa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the f the reg iability c of the lir e limited	e State of Flo istered office ompany, it is nited liability	and the busing hereby config company or	ness office or rmed that t	of the he cha	registered nge(s)
Signa	ture of a member or authorized representative of a member			Printed or typed	I name of sign	nee	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to ac e perforn ed for in hereby c	et in this capa nance of my c Chapter 605 confirm that i	ncity. I furthe duties, and I a , F.S. Or, if th the limited liad	r agree to c m familiar his docume bility comp	comply with a nt is b any he	v with the ind accept eing filed as been
Signatu	ore of Registered Agent						