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From:		جت	
"T VIII.	Account Name : BERGER SINGERMAN LLP, FT, LAUDERDALE	:	
	Account Number : I20020000154	٠,>	
	Phone : (954)525-9900	:\>	
	Fax Number (954)523-2872	CO	
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## LLC REGISTERED AGENT CHANGE SAWYER WAREHOUSE GP, LLC

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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.

١.	Na	me of the limited liability company:	HOUS	t up, llc			
2	(a)	10321 FORTUNE PARKWAY		(b) 10321 FOI	RTUNE PARKWAY	_	
٠.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		}	Mailing address of limito (Note: MAY BE POS		
		JACKSONVILLE, FL 32256	_	JACKSON	VILLE, FL 32256		
		06/09/2005		L050000574	184	<del></del>	
3.		Date of filing/registration in Florida	4,		Document number		
5.	(a)	BSPA CORPORATE SERVICES, INC.			-		
		Registered Agent and Registered Office shown on the records of 350 EAST OLAS BLVD., SUITE 1000	the Flor	ida Dept, of Stat	e:		47 ·
(		Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	<u>(S.S.)</u>	<del>-</del>	2029	فمددة
		FORT LAUDERDALE , FL	33301		-	.; ;;	•
	(b)	DAVID HONIG			_	§ >	
	. ,	Enter name of NEW Registered Agent and/or NEW Registered	1 Office	address:		۔ ب	7
		10321 FORTUNE PARKWAY, SUITE 400			_	<u>~</u> ળ	
		NEW Registered Office Address:			_		
		JACKSONVILLE , FI	J <sup>32256</sup>		 		
a a	iang gent as/w	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l	ered office an company, it i imited liabilit	id the business offices s hereby confirmed ty company or as oth	e of the re that the cl	egistered hange(s)
		11/1/16		AVID HONIO			
-	Sign	ature of a member or authorized representative of a member	_		Printed or typed name	of signee	
p ti to	rovis ie ob mei	rby accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to o perfor ed for it hereby	act in this cap mance of my n Chapter 61), n confirm that	acity. I further agre duties, and I am fan S. F.S. Or, if this do the limited liability	e to come niliar with cument is company	oly with the and accept being filed has been
_		11/47					
5	ignat	ure of Registered Agent					

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