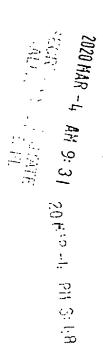
## L05000101889

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special instructions to Filing Officer.							

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O SIMMONO MAR 0.5 2020

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 201711 8093284

AUTHORIZATION :

COST LIMIT : 4 25.00

ORDER DATE: March 4, 2020

ORDER TIME : 2:48 PM

ORDER NO. : 201711-005

CUSTOMER NO: 8093284

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## CHANGE OF AGENT

NAME: THE COULTER-JONES FAMILY

OFFICE, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Kadesha Roberson -- EXT#

EXAMINER:

\_\_\_

## 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: The Cou	LIER-	Jones:	Family of	rce, l	1C
2. (a)	151 1 1 X			Same	·	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		failing address of limite (Note: MAY BE POS	_	•
	CONAL GABLES, FL 33156					
	October 14, 2005	<del></del> .	20	050001018	s-9	
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	BSPA Conporate Ser	vice s	IInc			
	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of State:	:		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>			
	350 E. LAS OLAS BLVD. SUITE 100	00		12.	2020	
	CORAL GABLES , FI	33156		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	2020 HAR -	••
(b)	Corporation Service Company			÷	1 	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office addr	ress:	64	AH 9:31	
	NEW Registered Office Address:			• '	' <b>i</b>	
	1201 Hays Street					
	Tallahassee , FI	32301				
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability com of the limit limited lia	office and pany, it is led liability bility comp	the business office hereby confirmed the company or as other	of the re hat the c erwise pr	egistered hange(s) rovided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of	of signee	<del></del>
provisi the obl to merc	by accept the appointment as registered agent and agricons 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 din writing of this change.  Roxanne Turner Asst. Vice President	ree to act ii performan d for in Ch hereby con	n this capad nce of my di napter 605, firm that th	city. I further agree uties, and I am fami F.S. Or, if this doc ne limited liability c	to comp iliar with ument is ompany	ply with the and accept being filed has been

Signature of Registered Agent