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## LLC REGISTERED AGENT CHANGE FIRST FOCUS, 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.

1.	Na Na	me of the limited liability company: FIRST FOCU	S. LLC			
2.	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)		Aailing address of himsed l	iability company:
			_			
		01/04/2006		L060000	01188	
3.		Date of filing/registration in Florida	4.		Document number	- · · · · · · · · · · · · · · · · · · ·
5.	(a)	LYNCH, LINDA F				
	, ,	Registered Agent and Registered Office shown on the records of the	n Florida	Dept. of State		20
		900 Marabon Ave.			123	123 :
		Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>			2023 3: 7 2:
		ORLANDO .FI.	32806	<u> </u>	·-	S PH L
	(b)	Registered Agents Inc			7	ب: ب:
	(,,,	Enter name of NEW Registered Agent and/or NEW Registered (	Office add	iress:	•	0
		7901 4th St N				
		<u>NEW</u> Registered Office Address.				
		STE 300				
		St. Petersburg , F1.	33702			
the ag wa the	ent v ent v is/we e arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the labers.	the regis bility co f the limi	tered office mpany, it is ted liability	and the business offi- hereby confirmed than company or as other	ce of the registered it the change(s)
1	ァ <i>- プァー</i> 81a = **	the of a member or authorized representative of a member	Rob	<u>in Jones</u>	Printed or typed name of	tianaa
I pr the to	herei ovisi 2 obl mere	by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ce to act performa I for in C creby co	in this cape ince of my c hapter 605 nfirm that t	icity. Tiurther aarec	 to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Julid N-1000 David Roberts - Assistant Secretary

Signature of Registered Agent