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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010 2020 JAN 17 PH 2: US SECRETARY OF STATE TALLARIASSEE, FL

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

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20 JUN 17 PH 2: 27

LLC REGISTERED AGENT CHANGE FLA LIC, L.L.C.

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JAN 21 2020

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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. Name of the limited liability company: FLA LIC L.L.C.							
?	(a)	13400 S RT 59	(b) 13400 S RT 59				
-	(")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Suite#116 PMB#343	Suite	e#116 PMB#343			
		Plainfield, IL 60585	Plain	field, IL 60585			
		06/09/2006	L060	00059631			
3.		Date of filing/registration in Florida	4.	Document number			
5	(a)	MORTELL, EDWIN EIII,ESQ					
٥,	(4)	Registered Agent and Registered Office shown on the records of the	ne Florida Dept, of	State:			
		416 SE FLAMINGO AVE.					
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)				
		STUART , FL	34996				
	(h)	Registered Agents Inc.		2020 SEC			
	107	Enter name of NEW Registered Agent and/or NEW Registered					
		7901 4th St N		FILED 2020 JAN 17 PH 2: 09 SECREDAN OF STATE TALLARDASSEE, FL			
		NEW Registered Office Address:					
		STE 300					
		St. Petersburg	33702	L TIE			
the ag wa the	e cha ent v as/wa e arti	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered o bility company f the limited lia	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.			
		ture of a member or authorized representative of a member		Printed or typed name of signee			
pr the to	ovisi e obl mer	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. Bill Havre - Assistant	performance of I for in Chapter ereby confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been			
Si	Signature of Registered Agent Signature of Registered Agent						

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