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JUN 06 2019 M. SOLOMON

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.

2. (a) <u>.</u>	9350 Conroy Windermere Road	(b	9350 Conroy Windermere Road			
	Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)			
	Windermere, FL 34786		Windermere, FL 34786			
		 -				
	June 18, 2007		L07000	063820		
	Date of filing/registration in Florida	4.		Document number		
(a)	Corporation Service Company					
. (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	- c:		
	1201 Hays Street					
(0)	istered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	SECA FAIL CA	2019
	Tallahassee, FL	32301		-	E WASSE	- HUL
	National Registered Agents, Inc.				177 C.7	5 0
	Enter name of NEW Registered Agent and or NEW Registered	Office add	lress.	-	'a 'a ∴ \ C\ —	<u>-</u>
	1200 S. Pine Island Road				ON PE	o.↓ II: ↓0
	NEW Registered Office Address:			-	•	
	Plantation	33324		-		
	, FL			-		
cha ent v is/we	mited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of the organization or the operating authorized.	f the regis lability co of the lim	tered office mpany, it i ited liabilit	e and the business office s hereby confirmed that y company or as otherw	of the regist the change(s	ered ()
		<u>Jeff</u>	erson R.	Voss, Manager of M		
	ure of a member or authorized representative of a member			Printed or typed name of sig		
heret ovisi obl mere	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and camplete igations of my position as registered agent as provide ily reflect a change in the registered office address. I	ree to act performa d for in C hereby co	in this cap ince of my hapter 602 infirm that	acity. I further agree to duties, and I am familia 5, F.S. Or, if this docum the limited liability com	comply with r with and ac ent is being f pany has bee	the cept filed en
{ified	fin writing of this change. James M.			,	-	
, Talu	e of Registered Assistant Se	cretary				
	Division of Corporations • P.O.	D (000	. 20 11 1	P		

FILING FEE: \$25.00