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(Requestor's Name)							
(Address)							
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PICK-UP	☐ WAIT	MAIL					
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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: March 6, 2017

Order#: 531122/015

Re: DIRECT BAY, LLC

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.
<u>XX</u> Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Mary Rivers

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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	me of the limited liability company: DIRECT BAY, I	LLC					
2	(a)	1281 Murfreesboro Road		(b) 1281 Murfreesboro Road				
٠.	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(8)		Mailing uddress of limite (Note: MAY BE POS	-		
		Nashville, TN 37217		Nashville	, TN 37217			
		07/16/2007		L0700007	3570			
3.		Date of filing/registration in Florida	4.		Document number			
~	(0)	NRAI SERVICES, INC						
5.	(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	::			
				-				
	1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		Togasolos Gillo Harris						
					•			
		Plantation , FL	33324					
	(b)	Corporation Service Company						
Enter name of NEW Registered Agent a		Enter name of NEW Registered Agent and/or NEW Registered	nd/or NEW Registered Office address:		A	35	CHARLES.	
					\$1 2	φo		
		1201 Hays Street				T	TT /	
		NEW Registered Office Address:			STATE	2: 3:	0	
		Tallahassee , FL	, 32301		>	- -		
the age	cha ent v s/we	mited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liare authorized by an affirmative vote of the members of the organization or the operating agreement of the	ws of the S the regist ability con of the limit	ered office npany, it is led liability	and the business of hereby confirmed to company or as other	fice of the c	he registered hange(s)	
	9	(W)	Jeffre	y Weissma	ann, Authorized Pers	son		
5	Signa	ire of a member or authorized representative of a member			Printed or typed name of	f signee		
the to	ovisie obli mere	ny accept the appointment as registered agent and agrous of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a constant of this change.	ee to act i performa d for in C hereby col	n this capa nce of my a hapter 605, nfirm that t	ncity. I further agre huties, and I am Jam F.S. Or, if this doc he limited liability o	e to com iliar with cument is company	ply with the h and accept s being filed has been	
Sig	znatu	e of Registered Agent Corporation Scrvice Company	BY: Gr	ace E. Kirl	by, Assistant Vice	Preside	ent	

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