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-	(Requestor's Name)		
-	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-UF	P WAIT	MAIL	
	(Business Entity Name)		
(Document Number)			
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MAU B	Name of Limited Liability Company
	······································
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Stornley A. Gra	venmier
Dean, Mead, Eg	er ton E
	ينت المنافعة
800 N. Magnolia	Ave., Suite 1500
Address	TO D
Orlando, FL 3 City/State and Zip Cod	2803 e
Sgravenmier & E-mail address: (to be used for future	deanmead. Com annual report notification)
For further information concerning this mat	ter, please call:
Stan Gravenmier	at (407) 428-5134
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follow	ring amount:
\$\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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:	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MUST BE STREET ADDRESS)	g address of limited liability company: te: MAY BE POST OFFICE BOX)
	2430 Venetian Way Winter Park, FL 32789	
		00090519
3.	Date of filing/registration in Florida 4. Docu	ument number
5. (a)	Stanky A. Gravenmier Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 800 N. Magnolia Aw., Suite 1500 Orlando FL , FL 32803	2915
(b)	Brandon Bizar Enter name of NEW Registered Agent and/or NEW Registered Office address:	A II: 50
	NEW Registered Office Address:	O
	2430 Venetian Way	
	winter Park FL 32789	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member of a member Stanley A Graven wiley

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent