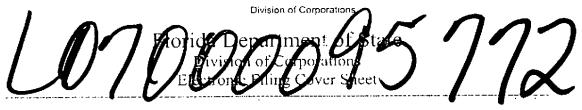
08/21/17 02:53PM PDT Registered Agent Solutions, inc. -> Florida SOS 06176383 Pg 2/4

8/21/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000222686 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENT-SOLUTIONS INC Account Number : I20100000062 : (888)705-7274 Phone : (888)706-7274 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LLC REGISTERED AGENT CHANGE MARK & KAMBOUR, LLC 0 Certificate of Status 0 Certified Copy 01 Page Count

~ RRUCE AUG 22 2017

Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

\$25.00

С	OVER LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: MARK & KAMBOUR			
Name of L	Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:		
Name of Person			
Registered Agent Solutions, Inc.			
Firm/Company	<del></del>		
1701 Directors Blvd, Suite 300			
Address			
		201 SE	
Austin, TX 78744	<u></u>	2017 AUG 21	٦.
City/State and Zip Code		AUG 21	
notices@rasi.com			1
E-mail address: (to be used for future annual re	port notification)		ļ
For further information concerning this matter, pleas	e call:	7 (G) 03 V	*****
	888 705-7274	<u> </u>	
Name of Person	Area Code & Daytime Teleph	one 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 Taliahassee, Florida 32314		
Enclosed is a check for the following amou	unt:		
☑ \$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.

i. N	ame of the limited liability company: MARK & K	KAMBOL	JR, LLC
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11025 RCA CENTER DR STE 300 PALM BEACH GARDENS, FL 33410	ST	025 RCA CENTER DR TE 300 ALM BEACH GARDENS, FL 33410
	09/19/2007	L	.07000095772
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM  Registered Office Address (MUST BE FLORIDA STREET)  1200 SOUTH PINE ISLAND ROAD		· · · · · · · · · · · · · · · · · · ·
(b)	PLANTATION, FL 33324  Enter name of NEW Registered Agent and/or NEW Registered	·	2917 - FAIL (7
	Registered Agent Solutions, Inc.		
	NEW Registered Office-Address: 155 Office Plaza Dr., Suite A		——————————————————————————————————————
	Tallahassee .FL	32301	
he cha gent v was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lie are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the Sta the register ability comp of the limited limited liab	ate of Florida, it is hereby confirmed that after ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in all the company.
Signa	ture of a member or authorized representative of a member	MIC	HAEL GRATTENDICK - TREASURER Printed or typed name of signee
l here provisi he obi o mer iotifie	hy accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i I in writing of this change.	ree to act in performais: d for in Cau hereby confi	
Signatu	Justine Karnell re of Begistered Agent Assistant Secretary		
	Division of Corporations • P.O. I	3ox 6327• T	Fallahassee, FL 32314
		EE: \$25.00	

INHS18 (2/14)