## D80005009

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SECRELARY OF STATE
TALLANASSEE, FLORIDA

DEC 14 2015 S. YOUNG

## 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.

. Na	me of the limited liability company: THE RODES G	ROUP LLC	
. (a)	615 NE 17TH WAY	(b)	
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	FORT LAUDERDAL®, FL 33304		
	05/20/2008	L08000	050009
i.	Date of filing/registration in Florida	4.	Document number
i. (a)	MOODY JONES. MONTEFUSCO, INGINO &	MOREHEAD	P
. (u)	Registered Agent and Registered Office shown on the records of the	Florida Dept. of St	rate:
	1333 S. UNIVERSITY DRIVE, # 201		
	Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	
			_
	PLANTATION ,FL 3	3324	_
,,	To tal's		
(b)	Jegn J, Iranians		– äs <b>5</b>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	nice address:	CC PRI 0
	2301 Wilton Dv. (	1A	
	NEW Registered Office Address:		
	Wilton Mayors,		
			. See 2
	, FL,	33305	52 TE IDA
he changent was/we he arti	imited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabore authorized by an affirmative vote of the members of the cless of organization or the operating agreement of the line ture of a member or authorized to presentative of a member by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete peligations of my position as registered agent as provided by reflect a change in the registered office address, I he did writing of this change.	ne registered offility company, it is limited liabinited liability company.	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  **MSE**

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