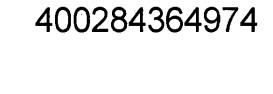
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Office Use Only

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COVER LETTER

| TO: | Registration Section Division of Corporations | | |
|---|--|---------------------|--|
| SUBJI | ECT:RANGELINE 400, LLC | | and the second |
| 00201 | Name o | of Limited Lia | bility Company |
| Dear S | ir or Madam: | | |
| The en | aclosed Registered Agent/Registered Office | Change and for | ee(s) are submitted for filing. |
| Please | return all correspondence concerning this n | natter to the fo | ollowing: |
| IACK | KR. LOVING | | |
| | Name of Person | | _ |
| | Name of Ferson | | |
| LOVI | NG SCULLY LAW GROUP PLLC | | |
| _ | Firm/Company | | _ |
| 1323 | S.E. THIRD AVENUE | | |
| _ | Address | , | - |
| FOR | T LAUDERDALE, FL 33316 | | |
| | City/State and Zip Code | | _ |
| jean(| @lovingscully.com | | |
| I | E-mail address: (to be used for future annual | l report notific | ration) |
| For fu | rther information concerning this matter, ple | ease call: | |
| JAC | KR. LOVING | 954 at (| 764-1005 |
| <u></u> | 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 | Reg Divi P.O. | ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314 |
| Enclosed is a check for the following amount: | | | |
| | ☑ \$25 Filing Fee | □ \$55 | 5 Filing Fee & Certified Copy |
| INHSI | 18 (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 | ne of the limited liability company: RANGELINE 400, LLC |
|------------------|-------------------------|---|
| 2. | (a) | 132 INTERCOASTAL CIRCLE (b) 132 INTERCOASTAL CIRCLE Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) |
| | | TEQUESTA, FL 33469 TEQUESTA, FL 33469 |
| | | 5/27/2008 L080000052127 |
| 3. | | Date of filing/registration in Florida 4. Document number |
| 5. | (a) | ROBERT M. ARLEN |
| | ` ' | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | | 101 S.E. 6TH AVENUE SUITE D |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | | DELRAY BEACH |
| | | , _{FL} 33483 |
| | | |
| | (h) | |
| | (0) | TACK R. LOVING Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | | in the state of |
| | | JACK R. LOVING NEW Registered Office Address: |
| | | NEW Registered Office Address: |
| | | 1323 S.E. THIRD AVENUE |
| | | |
| | | FORT LAUDERDALE , FL 33316 |
| the ag | e cha ent v is/we | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nige or changes are made, the Florida street address of the registered office and the business office of the registered rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company. |
| | | Jack R. LOVING |
| | Signa | |
| pro the to | ovisi e obi mer | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ly reflect a change in the registered office address, I hereby confirm that the limited liability company has been infamiliated liability company has been |
| -Si | gratu | re of Registered Agent |
| | | Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |

FILING FEE: \$25.00