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## LLC REGISTERED AGENT CHANGE FLORIDA TRUST NETWORKS, LLC

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## 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. N	ame of the limited liability company:FLORIDA TRI	UST NETWO	RKS, LLC		
2. (a)	5200 BLUE LAGOON DRIVE	(b)	5200 BLUE LAGOON DRIVE	3	
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(-/	Mailing address of limit (Note: MAY BE PO	•	_
	SUITE 500		SUITE 500		_
	MIAMI, FL 33126		MIAMI, FL 33126		_
	08/28/2008	L	.08000082292		
3. 5. (a)	Date of filing/registration in Florida CABRERA, SUSY, ESQ	4.	Document number		
J. ( <b>u</b> )	Registered Agent and Registered Office shown on the records 5200 BLUE LAGOON DRIVE	of the Florida I	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE SUITE 500	ET ADDRESS)		20 9	
	MIAMI	FL 33126		हें ह	14
(b)	Corporate Creations Network Inc.  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add		21 AMII:	ARY OF STATE
	801 US Highway 1			12 110	ΔĬΈ
	NEW Registered Office Address:			<del>-</del>	
	North Paim Beach	FL_33408			
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street in the control of the con	the registered I liability corrs of the limi	d office and the business offic upany, it is hereby confirmed ted liability company or as of	that the change(s)	10
	aitlin Lazarus	Caitli	in Lazarus, Attorney-in-Fact		
_	nature of a member or authorized representative of a member		Printed or typed name		
provi: the ol- to me	eby accept the appointment as registered agent and o sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change.	.17/1 12/10/1/15/PP89/I	\$\$ZYZ\$ ZIZ \$\$EYY Z\$\$IF\$Z\$C   ZFX1ZF   Z\$\$\$\$1 [Z]	91 <i>0 1011</i> ACTOO (1717) 37(7'4')	,,,

Caitlin Lazarus, Special Secretary

/s/ Caitlin Lazarus
Signature of Registered Agent