Page: 3 of 4

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Division of Corporations



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Fro	From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996											
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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.

. (a)	12905 SW 129TH AVE	(b	12905 S	W 129TH AVE			
(a)	Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)) <u> </u>	Mailing address of limi (Note: MAY BE PO		-	-
	MIAMI, FL 33186		MIAMI,	FL 33186			
	09/26/2008		L0800009	2084			
i.	Date of filing/registration in Florida	4.		Document number	Γ		
5. (a)	Michele Adams, CFO						
5. (a)	Registered Agent and Registered Office shown on the rec	ords of the Florida	Dept. of St	ate:			
	Registered Office Address <u>MUST BE FLORIDA ST</u> 1200 South Pine Island Road	REET ADDRESS	2				
	Plantation	, FL			· •	20;	
(1.)	C T Corporation System					2022 APR	2
(h)	Enter name of NEW Registered Agent and/or NEW Reg	zistered Office ad	i <u>res</u> :		12. • 7 1 - 	28	FILE
	NEW Registered Office Address:		 -			AM 8:	
	1200 South Pine Island Road					: 0 7	
	Plantation	FL					
he ch igeni was/w he art	limited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lim ore authorized by an affirmative vote of the men icles of organization or the operating agreement	the laws of the ress of the regis aited liability co abers of the lim of the limited	stered off mpany, is ited liabi iability co	ice and the business r is hereby confirmed lity company or as of ompany.	office of d that the therwise	the reg	gistered e(s)
	ele Adams	s, Chief Financial Offi Printed or typed nam					
Sign	ature of a member or authorized representative of a member	ſ		Printed or typed nam	ic of signee		

notified in writing of this change. C T Corporation System -By: By: 107

24 Signature of Registered Agent

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

<u>kaity toon, assistant</u>