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To:

Division of Corporations Fax Number : (850)617-6383

From:

:	REGISTERED AGENTS	INC.
:	I 20090000081	
:	(307)200-2803	
:	(813)436-5206	
	:	: REGISTERED AGENTS : I20090000081 : (307)200-2803 : (813)436-5206

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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)		(b)		
	Principal office address of limited liability con (<u>Note: MUST BE STREET ADDRESS</u>	· ·		Mailing address of limit (<u>Note: MAY BE PO</u>	
	01/01/09		 L090000015	51	
	Date of filing/registration in Florida	4.		Document number	
(a)	LEGALINC CORPORATE SERVICES INC.				
. (8)					
	Registered Agent and Registered Office shown on the	records of the Florida	Dept, of State	- 2:	
	Registered Agent and Registered Office shown on the 476 RIVERSIDE AVE.	records of the Florida	Dept. of State	- 2:	
				- 	
	476 RIVERSIDE AVE.	STREET ADDRESS		- -: -	
(b)	476 RIVERSIDE AVE. Registered Office Address <u>(MUST BE FLORIDA</u>) JACKSONVILLE Northwest Registered Agent LLC	<u>STREET ADDRESS</u>	2	- -	2024 7
(b)	476 RIVERSIDE AVE. Registered Office Address <u>(MUST BE FLORIDA</u>) JACKSONVILLE Northwest Registered Agent LLC	<u>STREET ADDRESS</u>	2	- - - -	2024 71.1
(b)	476 RIVERSIDE AVE. Registered Office Address <u>(MUST BE FLORIDA</u>) JACKSONVILLE Northwest Registered Agent LLC	<u>STREET ADDRESS</u>	2	- - -	2024 FC:: 2.3 F
(b)	476 RIVERSIDE AVE. Registered Office Address <u>(MUST BE FLORIDA</u>) JACKSONVILLE Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW H</u>	<u>STREET ADDRESS</u>	2	- - - -	
(b)	476 RIVERSIDE AVE. Registered Office Address <u>(MUST BE FLORIDA</u>) JACKSONVILLE Northwest Registered Agent LLC Enter name of <u>NEW Registered Agent</u> and/or <u>NEW H</u> 7901 4th St N	<u>STREET ADDRESS</u>	2	- - -	-

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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Signature of a member or authorized representative of a member

Nat Smith

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Taylor Newman - Assistant Secretary

Signature of Registered Agent

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