

| (Requestor's Name) | | | | | | | |
|---|-------------------|-------------|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP | WAIT | MAIL | | | | | |
| (Bu | siness Entity Nar | me) | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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11/18/16--01008--003 **25.00

16 NOV 18 PN 12: 59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT NOV 21 2016

COVER LETTER

INHS18 (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 | me of the limited liability company: | 46E | = GR | OUP 1 | LC |
|-----------------|--------------------------------|--|-----------------------------|--|---|---|
| 2. | | 1412 Pine BAY Drive | | (b) | | SAME |
| | . | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | . , , | | ress of limited liability company: IAY BE POST OFFICE BOX) |
| | | SAMASOTA, FL 34231 | | | | |
| | | | | · | | |
| | | 01/14/2009 | | | L090 | 00000 4308 |
| 3. | | Date of filing/registration in Florida | | 4. | Docume | nt number |
| 5. | (a) | | | | | |
| | () | Registered Agent and Registered Office shown on the record | ls of the | : Florida Dept. of | State: | |
| | | CORPORATION SERVICE | | COMP | ANY | |
| | | Registered Office Address (MUST BE FLORIDA STRE | A . | DRESS) | | |
| | | 1201 HAYS Street | * | | | -100 -A |
| | | Tallahassee | , FL_ | 3230 | | ALL ALL |
| | (b) | ZAGE GROUP LIC | | | • | AHAS BTAI |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registr | ered O | ffice address: | | SEE O |
| | | 1412 Pine Bay Dr | , 1000 | ? | | PH 12: 55 FELORIDA |
| | | NEW Registered Office Address: | | . , | | RIED RES |
| | | SAMASOTA, FL 34 | 123 | 31 | <u> </u> | |
| | | | | - | - | |
| | | | , FL_ | | | |
| the age was the | e cha ent v s/we arti | imited liability company is not organized under the nge or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the member cles of organization or the operating agreement of the unit of a member or authorized representative of a member by accept the appointment as registered agent and compons of all statutes relative to the proper and comp | ss of the diabers of the li | the registered collity company the limited liability | office and the v, it is hereby bility company company. Printed o | business office of the registere confirmed that the change(s) my or as otherwise provided in typed name of signee |
| | V_{j} | by accept the appointment as registered agent and consons of all statutes relative to the proper and compigations of my position as registered agent as provity reflect a charge in the registered office address in writing of this change | vided ss, I hë | för in Chaptëi ereby confirm | r 603, F.S. O. that the limite | r, it this document is being file ed liability company has been |