To: 18506176383 From: 14693173436 Date: 12/16/20 Time: 12:57 PM Page: 01/02

ision of Corporations

Florida Department of State Division of Coppositors

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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:	•	-	
2. (a)			(b)	
c. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	1311 N Westshore Blvd. Suite 200		1311 N W	estshore Blvd. Suite 200
	TAMPA, FL 33607		TAMPA, I	³L 33607
	03/17/2009		L090000261	134
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (A)	Registered Agent and Registered Office shown on the records o CORPORATION SERVICE COMPANY			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			020 TA
	1201 HAYS STREET			7020 DEC Sela 3
	TALLAHASSEE. , F	L_32301		_ & 6
(b)	Enter name of NEW Registered Agent and/or NEW Registere	rd Office	address	_
	Enter hame of NEW Negligerto Agent and or Justice Negligerto			m G
	LEGALING CORPORATE SERVICES INC.			
	NEW Registered Office Address			_
	5237 SUMMERLIN COMMONS BLVD, SUITE 400			_
	FORT MYERS, F	L	7	_
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited latere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ic regist liability of the l e limite	ered office an company, it i limited liabilit d liability con	s hereby confirmed that the change(s) company or as otherwise provided in npany.
	etarius Desisto	-	antarius Desisto	
	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ol to me	eby accept the appointment as registered agent and as sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, he ed in writing of this change.	gree to d le perfoi led for i l hereby	act in this cap mance of my n Chapter 60: confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signa	ture of Registered Agent			(((H200004295123)))