Ø 002/003

8/3/2017

Division of Corporations

Florida Department of State

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AUG 0 1 2017

J SHIVERS

FAX AUDIT NUMBER H170002032863

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.

Na	me of the limited liability company:	CHISING, L.L.C.
(a)	3281 FAIRLANE FARMS RD. STE. 1	(b) 3281 FAIRLANE FARMS RD. STE. 1
(n) .	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY DE POST OFFICE BUX)
	WELLINGTON, FLORIDA 33414	WELLINGTON, FLORIDA 33414
	AUGUST 10, 2009	L09000076610
	Date of filing/registration in Florida	4. Document number
()	WEBER, SCOTT P. ESQ	
(a)	Registered Agent and Registered Office shown on the records	s of the Fierida Dept. of State:
	402 KNIGHTS RUN AVE	
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)
	SUITE 150	
(b)	TAMPA	FL 33602
	GY CORPORATE SERVICES, INC	FLO9
(0)	Enter name of NEW Registered Agent and/or NEW Ragiste	errori Office address:
	600 BRICKELL AVENUE, SUITE 3500	>
	NEW Registered Office Address:	<u> </u>
	1210101	,FL 33:31
ne ch gent	lange or changes are made, the Florida street attitles	MARCEL FAIRBAIRN, PRESIDENT & CEO
Sion	sente of a hember or audiorized representative of a member	Printed or typed name of signes
	internal or magistared organt and	d agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and accepvided for in Chapter 605, F.S. Or, if this document is being file ss, I hereby confirm that the limited liability company has been
Sign MA	RIA ACEVEDO BELT, VICE PRESIDENT	O Dov 4377a Toliahassee Fl 32314
	Division of Corporations of	P.O. Box 6327 • Taliahassee, FL 32314 NG FEE: \$25.00