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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NRAI SERVICES, LLC

Account Number : I20080000104 : (302)674-4089 Phone : (302)674-5266 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC REGISTERED AGENT CHANGE WHAT IS PEACE?, LLC

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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)	Principal office address of limited liability company:	(\	ı) <del>_</del>	Mailing address of limited li	iability coorpany:	
	(Note: MUST HE STREET ADDRESS)			INOTE: MAY BE POST (		
	7714 Fisher Island Drive		7714 Fish	her Island Drive		
	Fisher Island, FI 33019		Pisher Island, FL 33019			
	12/17/2009		L0900012	0006		
	Date of filing/registration in Florida	4.		Document number		
	Dave Yusko					
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			ate:	TÄLLÄ	
	Registered Office Address  S800 NW 171st Street	T ADDRES	<u>D</u>		表立	ا ا ا
		133015		_ <del>_</del>	SEE.	
	NRAI Services, Inc.				파 <sup>가</sup> 교육 <b>의</b> 로	0.
b)	Fater name of NEW Replatered Agent and/or NEW Register	ed Office ad	dres:			ند
				<u> </u>		
	NEW Registered Office Address:					
	1200 South Pinc Island Road			_		
	Plantation	FL				
cha it v	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	of the reg. liability o s of the lir he limited	ompany, it nited liabil liability co	t is hereby confirmed the lity company or as other ompany.	at the change(s)	)
4	John Wagner	100	nna Wagner	Printed or typed name of	signec	
- ere	ture of a member or authorized representative of a member by accept the appointment as registered agent and usions of all statutes relative to the proper and completingations of my position as registered agent as providing reflect a change in the registered office address, differently the change.	igree to ac	t in this co	apacity. I further agree	to comply with	the cep ilea

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

PL01574 - 7/17/2019 Waters YOMM CHINE