109000120763

(Req	uestor's Name)				
(Address)					
(Address)					
(City)	/State/Zip/Phone #)				
	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
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S. WARREN 'JUN 0 7 2017



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	ame of the limited liability company:	TIME, I	LC	
2. (a)	2601 S. BAYSHORE DR.	(b	2601 S.	BAYSHORE DR.
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-		Aziling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#1700 MIAMI, FL 33133		#1700 M	IIAMI, FL 33133
	12/18/2009	 	L0900012	20763
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
.,	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	the Florida	Dept. of State	· · ·
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	2	F ALLANN
	TALLAHASSEE, FI	32301		FILED
(b)	FLORIDA FILING & SEARCH SERVICES, I	NC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	<u>dreşs</u> :	AM II: 40 E, FLORIDA
	NEW Registered Office Address:	······································	······	
	155 OFFICE PLAZA DR			
	TALLAHASSEE	_ <u>32301</u>	·	
the cha agent was/w the art Signa I here provise the oblito mer	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited 1 ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the where of a member or authorized representative of a member by accept the appointment as registered agent and age ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	f the regi iability co of the lin e limited	stered office ompany, it is ited liability liability corr MEX in this cape	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. EN BRAN Printed or typed name of signee acity. I further agree to comply with the duties and I am familiar with and access

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

INHS18 (2/14)