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(((H160001512223)))



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EXAMINER JUN 22

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY H16000151222 3

Pursuant to the provisions of sections 605.0114 or 605.0116, Flortda 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.

	Principal office address of limited liability company:	(b	)	Mailing address of limited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- <del></del>	3	Mailing address of limited liability company: ( <u>Note: MAYBE POST OFFICE BOX</u> )
	2950BUSCHLAKEBLVD		2950BUS	CHLAKEBLVD
	TAMPA,FL33614		ТАМРА,	FL33614
	03/01/2010		L100000227	25
•	Date of filing/registration in Florida	4.	······································	Document number
. (a)				
. (,	Registered Agent and Registered Office shown on the records of	t the Florida	Dept. of State	- e:
	SHAW.DARRYLS			_
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		1 2	
	2950BUSCHLAKEBLVD			2016 JUN 21 SECHETARY TALLAHASSE
	TAMPA, FL., F	33614		ART L
				SE V F
(b)	Enter name of NEW Registered Agent and/or NEW Registere			SERVE T
	The Committee to the transfer of the transfer			
	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:	E. F. S
	CTCorporationSystem			X 7: 27
	CTCorporationSystem			7: 2
	CTCorporationSystem			M 7: 27
	CTCorporationSystem  NEW Registered Office Address: 1200SouthPincIslandRoad			M 7:27 FLORIU
f the ne ch gent vas/w	CTCorporationSystem  NEW Registered Office Address:  1200SouthPineIslandRoad  Plantation  Finited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members incles of organization or the operating agreement of the	L 33324  ws of the of the reginability of the line e limited	State of Flostered office ompany, it is noted liability	orida, it is hereby confirmed that after and the business office of the registeres hereby confirmed that the change(s) y company or as otherwise provided in apany.
f the ne ch gent vas/was are art	CTCorporationSystem  NEW Registered Office Address:  1200SouthPineIslandRoad  Plantation  Plantation  Finited liability company is not organized under the large or changes are made, the Florida street address cwill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	L 33324  The second the region of the limited Sha	State of Flostered office ompany, it is nited liabilit liability con rlinAldao-Ca	orida, it is hereby confirmed that after and the business office of the registeres hereby confirmed that the change(s) y company or as otherwise provided in apany.  Printed or typed name of signee

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