Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Divisi Fax Nu	on of Corp	orations		
Fax NL		(050) (47 (303		
	mber :	(850)617-6383		
From:				
Accour	t Name :	REGISTERED AGENT	rs INC.	₹2. 1
Accour	t Number :	120090000081		こう
Phone	:	(307)200-2803	•	多三 多三 m
Fax Nu	mber :	(855)330-1010		王二 册
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LLC REGISTERED AGENT CHANGE FOUR PLUS ONE LLC

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Help

D. SCOTT MAR 1 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.

I. I	Na	me of the limited liability company: FOUR PLU	S ONE I	LL.	.C		
2. (a		3030 N. Rocky Point Dr. STE 150A	150A _(b) 3030 N		3030 N.	. Rocky Point Dr. STE 150A	
(٠,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Tampa, FL 33607			Tampa,	FL 33607	
		04/30/2010			L100000	46624	
3.		Date of filing/registration in Florida	4.			Document number	
5. (a ì	OWNER ACCOUNTING SERVICES INC					
Σ, ,	,	Registered Agent and Registered Office shown on the records	- 5:				
		8168 BOAT HOOK LOOP SUITE 729					
		Registered Office Address (MUST BE FLORIDA STREE	•				
		WINDERMERE	FL 34786	3			
(l	a)					TESE T	
, -	,	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	dd	ress:	FILED M 9 C	
		REGISTERED AGENTS INC.				35 R	
		NEW Registered Office Address:				취유 및 이	
		3030 N. Rocky Point Drive, STE 150A				E'S -9	
					≒ 5		
		Tampa , ,	FL_3360	7			
the cagen	ha t v we	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the companization of t	of the reg liability of s of the lith he limited	isi mi li	ered office npany, it is ted liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
_		ture of a member or authorized representative of a member	 _			Printed or typed name of signee	
	3	by accept the appointment as registered agent and a constant of all statutes relative to the proper and completing at ions of my position as registered agent as proviety reflect a change in the registered office address, a in writing of this change. Bill Havre/Assistant Sere of Registered Agent		ct na C co	in this cape nee of my hapter 605 nfirm 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	