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Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120060000135 Phone : (305)789-3200 Fax Number : (305)789-4137

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

EMAIL Address: ellsley @ ellsleylaw. com

LLC REGISTERED AGENT CHANGE THE ELLSLEY LAW FIRM, P.L.L.C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY AUG - 7 2018

## 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.

Name of the limited liability company:	The Ellsley Law Fin	n, P.L.L.C.
Royal Palm Building		b) Royal Palm Building
Principal office address of limited li  (Note: MUST BE STREET)	iability company:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1000 South Pine Island Road		1000 South Pine Island Road, Suite 210
Plantation, FL 33324		Plantation, FL 33324
08/04/2010		L10000081637
n mile de la constantian i	in Florida 4.	Document number
5. (a) Ellsley, Eric  Registered Agent and Registered Office sho	own on the records of the Flor	da Dept. of Smte:
1250 S. Pine Island Road	Dark du ma tanata	· ~ ~ <b>*</b>
	FLORIDA STREET ADDRE	EG Z T
Suite 225		皇前の二
Suite 223	9335	大
Plantation	FL 3332	
(b) Elisley, Eric		TALLAHASSEE, FLORID
Enter name of NEW Registered Agent an	id/or NEW Resultered Office	address: SS S
Royal Palm Bldg., 1000 Sou	rth Pine Island Road	
NEW Registered Office Address:		
Suite 210		
Plantation	, FL 333	24
agent will be identical. Or, in the case of was/were authorized by an affirmative vo the articles of organization or the operation.	a Fiorida limited liability of the members of the ing agreement of the limit	the State of Florida, it is hereby confirmed that after egistered office and the business office of the registered of company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ed liability company.  Ericky Elsey  Printed or typed name of signee  act in this capacity. I further agree to comply with the ormance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been