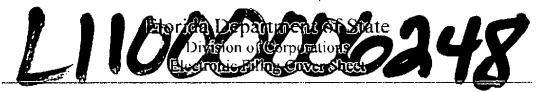
4/30/2019

Division of Corporations



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.

(((H190001433113)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

To:		
	Division of Corporations	
	Fax Number : (850)617-6383	
From:		
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA0000000023	
	Phone : (614)280-3338	
	fax Number : (954)208-0845	
an	the email address for this business entity to be used for nual report mailings. Enter only one email address please mail Address:	
an	nnual report mailings. Enter only one email address please	
an	nnual report mailings. Enter only one email address please	
an	nnual report mailings. Enter only one email address please	

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

Help

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)		(h)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	()_	Mulling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	500 Staples Drive		500 Staples Drive
	Framingham, MA 01702		Framingham, MA 01702
	01/14/2011	L1	11000006248
	Date of filing/registration in Florida	4.	Document number
. (a)	Registered Agent and Registered Office shown on the records of		
	Registered Agent and Registered Office shown on the records of	the Florida De	ept, of State:
	JULIO ESQUIVEL, ESQ. C/O SHUMAKER, LOOP & F	KENDRICK,	LLP
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	· ·
	101 E KENNEDY BLVD SUITE 2800		
	TAMPA, FI	33602	
	, FL		
(b)			무슨 등
(-)	Enter name of NEW Registered Agent and/or NEW Registered	l Office addres	:25:
	C T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	33324	
	Plantation , FL	·	
the line chargent we	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited little authorized by an affirmative force of the members of the organization or the operating agreement of the	f the register ability comp of the limited I limited liab	red office and the business office of the registe pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided i bility company.
ic arri			
Signa	nure of a number or authorized representative of a member		Printed or typed name of signee

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