[100001515]

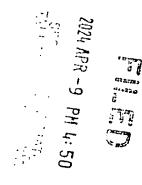
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| _ | istration Section ision of Corporations | | |
|-------------------|---|---------------------------------------|--|
| SUBJECT: | Sedeguma Annual Report Registrati | on | |
| | | ne of Limited I | Liability Company |
| Dear Sir or I | Madam: | | |
| The enclosed | d Registered Agent/Registered Off | ice Change and | d fee(s) are submitted for filing. |
| Please return | all correspondence concerning th | is matter to the | · following: |
| Megan Wood | lward | | |
| | Name of Person | | |
| Sedeguma, L | LC e/o CRFO | | |
| | Firm/Company | | |
| 4455 Military | r Trail, Suite 201 | | |
| | Address | | _ |
| Jupiter, FL 3. | 3458 | | |
| | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | |
| borges.ap@c | ohnreznick.com | | |
| E-mail | address: (to be used for future ann | ual report noti | fication) |
| For further in | nformation concerning this matter, | please call: | |
| Megan Wood | lward | 561 at (| 886-5250 |
| - | Name of Person | (| Area Code & Daytime Telephone Number |
| Reg Div P.O | iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314 | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enc | losed is a check for the following | amount: | |
| ■ \$3 | 25 Filing Fee | | S55 Filing Fee & Certified Copy |
| INHS18 (2/14 | 1) | | |

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. 1 | Name of the limited liability company: Sedeguma, LLC | _ | |
|---|--|---|--|
| 2. (a | 12250 TILLINGHAST CIRCLE, PBG, FL 33418 | (b) 4455 Mil | itary Trail, Ste 201, Jupiter, FL 33458 |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | | |
| _ | 11/16/2017 | 1.11000015 | <u> </u> |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a | Jennifer Ridgely | | |
| | Registered Agent and Registered Office shown on the records of t | PR T | |
| | Registered Office Address <i>(MUST BE FLORIDA STREET A</i> 4455 Military Trail, Ste 201 | 2 (0 1) | |
| | Jupiter FL | 33458 | P |
| (b) | Francisco Borges | | - 50 |
| • | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | Office address: | <u>.</u> |
| | NEW Registered Office Address: | | _ |
| | 4455 Military Trail, Ste 201 | | _ |
| | Jupiter, FL | 33458 | _ |
| chang agent was/v | limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | registered office an ability company, it is if the limited liabilit | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in npany. |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| I her provi. the ol to me notific | eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I head in writing of this change. | ee to act in this cap performance of my I for in Chapter 603 iereby confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been |
| Signat | ure of Registered Agent | | |