L11000033427

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D. BRUCE



TION SERVICE COMPANY.	
ACCOUNT NO. : I2000000195	
REFERENCE : 862113 7962	622
AUTHORIZATION : County for	
COST LIMIT : \$ (25,00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
ORDER DATE : October 28, 2013	
ORDER TIME : 10:46 AM	
ORDER NO. : 862113-025	
CUSTOMER NO: 7962622	
CHANGE OF AGENT NAME: CONNECTICUT HOLDINGS, L.L.C.	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY	2013 OCT 30 PH 3: 52 TARRESTHANSSEPTELORIOS
CONTACT PERSON: Susie Knight EXT# 52956	
EXAMINER:	

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

Pursuant to the provisions of sections 608.416 or 608.508, 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. Nam	e of the limited liability company: CONNECTICUT	HOLDINGS, L.L.C.	
2. (a) F	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Jair South De Hensacola FL Not	erterfoX.
	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	226 South & Husacola FL 11th	ayardx Floor
3/18/201	11	L11000033427	
3. Date	of filing/registration in Florida	. Document number	
5. (a)	Registered Agent and Registered Office shown on the	ne records of the Florida Dept.	of State:
1	Registered Agent:	LOZIER, DANIEL R	····
1	Registered Office Address:	24 W. CHASE STREET PENSACOLA, FL 32502	2003
(b) l	Enter name of NEW Registered Agent and/or NEW	Registered Office address:	30 F
]	NEW Registered Agent:	Corporation Service Company	平 子
1	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street Tallahassee	3: 5 5 FL 32301
confirm and the liability the men the oper	mited liability company is not organized under the lated that after the change or changes are made, the Flobusiness office of the registered agent will be identificated to the limited liability company or as otherwise rating agreement of the limited liability company. If almember or authorized representative of a member of signee Typed name of signee Typed name of signee Typed name of signee Typed name with and accept the obligations of my positions of my positions of the profit of	orida street address of the regis cal. Or, in the case of a Florida was/were authorized by an affi e provided in the articles of org	tered office a limited rmative vote of ganization or

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