## Division of Corporations Electronic Filing Cover Sheet

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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To:			JAN 19	
10:	Division of Corporations		<b>z</b>	
	Fax Number : (850)617-6383		9	
From:			AM 11: 2	
	Account Name : CAPITOL CORPORATE SERVICES, INC.			
	Account Number : I20160000048 Phone : (800)345-4647		~	
	Fax Number : (800)432-3622		-	
Emai	Address:			
Emai:	LLC REGISTERED AGE			
Emai	LLC REGISTERED AGE SCG PINE MEADO			
Emai	LLC REGISTERED AGE SCG PINE MEADO Certificate of Status			
Emai	LLC REGISTERED AGE SCG PINE MEADO Certificate of Status Certified Copy	W, LLC	 	
Emai	LLC REGISTERED AGE SCG PINE MEADO Certificate of Status	W, LLC	JAN 2 0 20 A. LUN	

Corporate Filing Menu

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

Pursi subm Florid	its the following statement in order	r to change its rag	, Florida Statute Itstered office or IEADOW, LLO	s, the undersigned limited fiability company registered agent, or both, in the State of	y 1
1. N	ame of the Limited Liability Company		ובאסטיי, בבי	v .	
2. (a	100 CORPORATE PLACE	SUITE 404	(b) 100 C	CORPORATE PLACE, SUITE 404	
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYRE POST OFFICE BOX)		
	PEABODY, MA 01960		PEAE	BODY, MA 01960	_
	5/23/2011			00060323	
3.	Date of filing/registration	in Florida	4.	Document number	
5. (a	) CORPORATION SERVICE			State: 20	ء <b>5</b>
	Registered Agent and Registered Office sh	own on the records of t	the Florida Dept. of S		
	1201 HAYS STREET Registered Office Address MUST RE	PLANTA CINETY	enn preci		Ξ
	Regulated Office Addition	FECKINA SERVICE A	PRINCIPAL.		- 0
	<del> </del>	A	<u></u>	<del></del> ,	
	TALLAHASSEE	FL,	32301	<u> </u>	ī
۵.	Capital Comprete Services	Inc		= = = = = = = = = = = = = = = = = = = =	<u>-</u>
(0)	Capitol Corporate Services,  Enter name of NEW Resistered Agent an		Office address:	<del></del> .	S
					_
	515 East Park Avenue 2nd I	FI		<del></del>	
	NEW Registered Office Address:				
	Tallahassee	FL.	32301	<del></del>	
the ch escut was/w the an Mar	anno or changes are made, the Florid will be identical. Or, in the case of a	in street address of a Florida limited lia c of the members of a agreement of the by Mark Hunter 14:46:33-05'00'	the registered of bility company, f the limited line	Florida, it is hereby confirmed that after fice and the business office of the registere it is hereby confirmed that the change(s) litty company or as otherwise provided in company.  Mark Hunter Printed or typed name of signee	d —
I here proving the ob- to may notifie	thy accept the appointment as registe tions of all stanties retailve to the pro- ligations of my position as registered rely reflect a change in the registered rd in writing of this change.	rred agent and agri per and complete d agent as provided t office address, I h	ee 10 act in this o nerformance of a I for in Chapter ( nereby confirm th	apocity. I further agree to comply with the ny dulles, and I am familiar with and accept SUS, F.S. Or, If this document is peing file at the limited liability company has been	; }
<u>3</u>	- Posetaki	Brian R	ładecki, Assis	tant Secretary on	
Signati	ure of Registered Agent			porate Services, Inc.	
	Division of Cor	porationse P.O. B		hassee, FL 32314	

INHS18 (2/14)

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