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7/2/2020

Division of Corporations



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## 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)	4558 35TH ST ORLANDO, FL 32811	(b) 45	(b) 4558 35TH ST ORLANDO, FL 32811	
(-)	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	12/06/2011		1000137670	
	Date of filing/registration in Florida		Document number	
	Brenda Kincaid			
(a)	Registered Agent and Registered Office shown on the records o	t the Florida Dep	ut, of State:	
	Registered Office Address (MCST BE FLORIDA STREET 4558 35TH ST	<u>"ADDRESS)</u>	2923 JUL - 2	
	ORLANDO	32811		
(b)	CT Corporation System			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address	PH 12: 54	
	NEW Registered Office Address:			
	1200 South Pine Island Road	······		
	Plantation			
ie cha gent v as/wo	imited liability company is not organized under the la inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida fimited is ere authorized by an affirmative vote of the members icles of energies of the members brunda kincaid	aws of the Sta of the registere liability compa- of the limited	te of Florida, it is hereby confirmed that after ad office and the husiness office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
Signa	ture of a minimum second concernes. Itative of a member		Printed or typed name of signee	
hered rovisi ie ohl i mere	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address,	gree to act in l e performanci led för in Chaj I hèreby confi	this capacity. I further agree to comply with th e of my duties, and I am familiar with and acce nter 605, F.S. Or, if this document is being file rm that the limited liability company has been	

By: K CT Corporation System Signature of Registered Agent Kimberly Laughrey, Assistant Secretary

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