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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	ECT: ENVISAGE GROUP LLC				
0000.		of Limited Li	ability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the f	ollowing:		
JORE	DAN TYLER		,		
	Name of Person				
LEGA	ALINC CORPORATE SERVICES II	NC.			
	Firm/Company		_		
1623	CENTRAL AVE, SUITE 145				
	Address				
CHE	YENNE, WY 82001				
	City/State and Zip Code		_		
JORE	DAN@LEGALINC.COM				
E	E-mail address: (to be used for future annu	al report notifi	cation)		
For fu	rther information concerning this matter, p	olease call:			
JORE	DAN TYLER	970 at (581-6156		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.O	gistration Section ision of Corporations Box 6327 lahassee, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS1	8 (2/14)				

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. Na	me of the limited liability company: ENVISAGE G	ROUF	P LI	_C		
2. (a)	• • •					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	· / 	N	Mailing address	s of limited liability company: ' BE POST OFFICE BOX)
	2928 Peace River Dr	PO Box 510938				
	Punta Gorda, FL 33983		F	unta G	orda, FL 3	33951-0938
	01/09/2012		L1	200000	04060	
3.	Date of filing/registration in Florida	- 4.	_		Document r	number
5. (a)	USA-RA LLC					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florid	da De	pt. of State	- e:	
	841 PRUDENTIAL DRIVE					
	Registered Office Address (MUST BE FLORIDA STREET)	4DDRES	<u>(S</u>		_	
	12TH FLOOR					1 Sistant
	JACKSONVILLE , FL	32207	7		_	5 DEC
(b)	LEGALINC CORPORATE SERVICES INC.					Section - Contract
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		_			
	5237 SUMMERLIN COMMONS			7 AM 8: 04 SEE FLORIDA		
	NEW Registered Office Address:				-	D _P
	SUITE 400				-	
	FORT MYERS , FL	33907	7			
the cha agent w was/we the arti	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of organization or the operating agreement of the under of a member or authorized representative of a member	ws of the reg ability cof the lin limited	ie St gister comp mite I liat	red office pany, it is d liability bility con	e and the bus s hereby con y company o npany. ARD	siness office of the registered firmed that the change(s) or as otherwise provided in bed name of signee
	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I if in writing of this change.	perforn d for in hereby o	mana Cha conj	ve of my opter 605 irm that	auties, and I 5, F.S. Or, if the limited l	am jamiliar with and accep this document is being filed iability company has been

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