## Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020

Phone : (813)435-3176 Fax Number : (813)333-6358

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## LLC REGISTERED AGENT CHANGE CENTER FOR CHANGE AND GROWTH, LLC

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## 09/10/200 701:40 F115/200 217 105 5 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.

	32.00,	or dom, in the diate of Piorial.	
1.	Na	me of the limited liability company: CENTER FOR CHANGE	AND GROWTH, LLC
2	(a)	Principal office address of limited liability comments	7404 Miles Doort
	(4)	(a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Suite 127
	(NOR MOST BE STREET ADDRESS)	Coral Springs, FL 33067	
		•	
	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	7401 Wiles Road	
		(Note: MAY BE POST OFFICE BOX)	Suite 127
			Coral Springs, FL 33067
05	/10/201	12	i.12000083445
3.	Dat	e of filing/registration in Florida	4. Document number
5,	(a)	Registered Agent and Registered Office shown on t	·
		Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN. PLLC
		Registered Office Address:	18952 NORTH DALE MABRY HWY
		Registrate Cities Fledress.	SUITE 102
			LUTZ, FL 33548
		NEW Registered Agent:	THE LAW OFFICES OF NICK SPRADLIN, PLLC
	(MUST BE FLORIDA STREET ADDRESS)	13007 W. LINEBAUGH AVE	
		TAMPA ,FL 33626	
an lia	nfiri id the ibilit e me	imited liability company is not organized under the land that after the change or changes are made, the Flebusiness office of the registered agent will be idently company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited
Si	gnatur	e of a member or authorized representative of a member	— ্বিট্নাপ ট্রা স্থান <u>ক্রি</u>
		AS J. SPRAOLIN AUTHORIZED REPRESENTATIVE OF A MEMBER	
n	חוכם	or typed name of signee	
I co ar C. ad	here mpl id I å hapti lares	or typed name of signee by accept the appointment as registered agent and a y with the provisions of all statutes relative to the pro am familiar with and accept the obligations of my po- er 608, F.S. Or, if this document is being filed to men is, I hereby confirm that the limited liability company	gree to act in this capacity. If further agree to per and complete performance of my duties, sition as registered agent as provided for invelopment a change in the registered office has been notified in writing of this change.
Si	gnatu	re of Registered Agent	

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