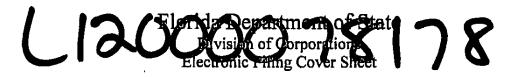
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

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'n

| 10. | Division of Corporations | | | , | | | | | |
|---------------------------|--|----------------------------|--------------------------|--------------------------------------|--|--|--|--|--|
| SUBJ | ECT: | m Jank | e LLC | | | | | | |
| 0020 | Name of Limited Liability Company | | | | | | | | |
| Dear S | Sir or Madam: | | | · | | | | | |
| The en | nciosed Registered Agent/Registered Of | fice Cha | nge and | fee(s) are submitted for filing. | | | | | |
| Please | return all correspondence concerning the | us matte | r to the | following: | | | | | |
| | Tana Vaughn | | | | | | | | |
| Name of Person | | | | - Kir | | | | | |
| | inCorp Services, Inc. | | | | | | | | |
| | Firm/Company | - | | | | | | | |
| | 3773 Howard Hughes Pkwy. · Su | ite 5009 | 3 | | | | | | |
| | Address | | | | | | | | |
| | Las Vegas, NV 89169-801 | 4 | | | | | | | |
| | City/State and Zip Code | | | | | | | | |
| | documents@incorp.com | | | | | | | | |
| E | -mail address: (to be used for future and | iual repo | ort notifi | cation) | | | | | |
| For fur | ther information concerning this matter, | , please | call: | | | | | | |
| Tana | 3 Vaughn | at (| 702 | 866-2500 | | | | | |
| | Name of Person | | | Area Code & Daytime Telephone Number | | | | | |
| | STREET/COURIER ADDRESS: | | MAILING ADDRESS: | | | | | | |
| Registration Section Regi | | | | gistration Section | | | | | |
| | Division of Corporations | | Division of Corporations | | | | | | |
| | Clifton Building |), Box 6327 | | | | | | | |
| | 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee, Florida 32314 | | | | | | | |
| | Enclosed is a check for the following | amoun | t: | | | | | | |
| | 2 \$25 Filing Fee | | □ \$ 5 | 5 Filing Fee & Certified Copy | | | | | |
| MHSIS | 3 (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: Team Janke LL | <u>.c</u> | <u> </u> | <u>.</u> | |
|--|---------------------------------|---|---|----------------------------|---|---|
| 2. (| a) | 7008 SEVILLA CT. #405 | _ (| (Ъ) | 7008 SE | VILLA CT. #405 |
| • | • | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | • • | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | Cape Canaverel, FL 32920 | | | Cape Ca | naveral, FL 32920 |
| | | 06/12/2012 | | L | 1200007 | 8178 |
| 3. | | Date of filing/registration in Florida | 4. | | | Document number |
| 5. (| a) | UNITED STATES CORPORATION AGENTS, IN | Ç. | | | |
| | • | Registered Agent and Registered Office shown on the records of the | e Flori | da l | Dept. of State | 5: |
| | | 13302 Winding Oaks Court · Suite A | | | | |
| | | Registered Office Address MUST BE FLORIDA STREET A | DDRE | 22 | | AL SI |
| | | | | | | |
| | | Tampa .FL | | 33 | 612 | T JUL 10 AM |
| | | rampa, FL_ | | | <u> </u> | |
| Œ | 2) | InCorp Services, Inc. | | | | ma n |
| • | | Enter name of NEW Registered Agent and/or NEW Registered C | Office a | ddı | en: | EFLOR SV |
| | | | | | | |
| | | 17888 67th Court North | | | | . · · · · · · · · · · · · · · · · · · · |
| | | NEW Registered Office Address: | | | | |
| | | Loxahatchee, FL 33470 | | | | |
| | | | | | | |
| | | Loxahatchee , FL | | 334 | 470 | |
| the c agen was/ the a | han t we we rtic | mited liability company is not organized under the laws age or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of lessof organization or the operating agreement of the liable of a member or authorized representative of a member | he reg ollity of the lin imited Ric | niste con mit lis | ered office npany, it is ed liability ibility com L Janke | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee |
| I her provi the o to me notifi | reb sid bli ere ied | y accept the appointment as registered agent and agree was of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change. | e to ac erforn for in ereby c | et ti nar Ch con | n this capa nce of my a napter 605 yfirm that t | icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been |
| √')/ | 1/1 | on behalf of Incorp Services | | | | |