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Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

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LLC REGISTERED AGENT CHANGE ROGER G. PICKLES, PLLC

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SECRETARY OF STATE
FALLAHASSEE FLORIDA

S. WARREN

MAR 0 7 2018

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. N	ame of the limited liability company: ROGER	G. P	ICKLES	S, PLLC
2. (a)	13506 Summerpt V Pkwy		ม 13506	Summerpt V Pkwy
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	· ————	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#707		#707	
	Windermere, FL 34786-7366		Winderm	nere, FL 34786-7366
	08/14/2012		L120001	104162
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	PICKLES, ROGER G			
	Registered Agent and Registered Office shown on the records	of the Floric	la Dept. of State	: :
	7042 Mapperton Dr .			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>S1</u>	
	Windermere	. _L 3478	6	FILI 18 MAR -7 SUCRETARI FALLAHASS
(b)	Registered Agents Inc.	100		(f) = ' [T]
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	adress:		
	3030 N. Rocky Point Dr.			PSTA STA
	NEW Registered Office Address:		** 1 1	
	STE 150A		<u>`</u>	
	Tampa,	_L 3360	7	
the cha agent was/w	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the case of the members in the case of the	of the reg liability of s of the ling ac limited	istered office company, it is mixed liability	and the husiness office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
Signa	iture of a member or authorized representative of a member		-,	Printed or typed name of signee
provis the ob- to mer notific	by accept the appointment as registered agent and a sions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, discrifting of this change. Bill Havre - Assistance of Registered Agent	te perforn led for in I hereby (nance of my a Chapter 605 confirm that i	acity. I further agree to comply with the duties, and I am Jamiliar with and accept , F.S. Or, if this document is being filed the limited liability company has heen