L1200012/052

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
	VIAIL
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
F	
Special Instructions to Filing Officer:	



THINES IN PH 3: 37 2020 DEC 18 PH 2: 11

Office Use Only

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.

i. Na	ame of the limited liability company:	STAURA	NT	GROUP,	LLC
2. (a)			(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2204 SOUTH ATLANTIC AVENUE			124 N Nov	/a Rd #176
	DAYTONA BEACH SHORES, FL 32118	<u> </u>		Ormond B	each, FL 32174-5122
	09/21/2012		l	L12000121	652
3.	Date of filing/registration in Florida	4.	_		Document number
5. (a)					
,, (u)	Registered Agent and Registered Office shown on the records of ASSURED COMPLIANCE SERVICES, LLC	of the Floric	la D	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	<u>(S)</u>		
	1615 WOODWARD ST				
	ORLANDO	, 32803			
	, r	L			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company <u>NEW</u> Registered Office Address:				
	1201 Hays Street				
	Tallahassee, F	در 1_ ³²³⁰¹			8
change agent v was/we	imited liability company is not organized under the labor of the street address of the or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited street authorized by an affirmative vote of the members cles of organization or the operating agreement of the the term of term of term of the term of the term of the term of term	ne register liability c of the lir	red on nit	l office and pany, it is ed liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
	hilip K. Calandrino	Ph 	ilip	K. Calanc	Irino, Authorized Person
	ture of a member or authorized representative of a member				Printed or typed name of signee N
provisi the obl to merc	by accept the appointment as registered agent and ag ons 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. I in writing of this change.	e vertorn	tan	ice of my d	luties, and I am familibr' with and accem
<u> </u>		GRACE E	. F	KIRBY, AS	SST. VICE PRESIDENT
Signatu	re of Registered Agent				

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

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