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3/14/2018

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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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC REGISTERED AGE H CHANGE FORESIGHT GROUP US, LLC

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Electronic Filing Menu

Corporate Filing Menu

To

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. N	nme of the limited liability company: Foresignt Group		, 24,		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liabili (Note: MAY BE POST OFF)	ly company: ICE BOX)
	8040 South Ludlum Road		715 Betha	ny Green Court	
	Laurel Hill, FL 32567		Alpharetta	i, GA 30004	
	10/17/2012		120001323	37	
	Date of filing/registration in Florida	4.		Document number	
	Registered Agent and Registered Office shown on the records of Corporation Service Company	of the Flari	ia Unpt. of Sta		-
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	227	_	
	Tallahassec	FL_32301	<u>-</u>		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> C T Corporation System	ed Office a	विदेश ाः	_	
	NEW Registered Office Address:	··			
	1206 South Pine Island Road			- -	
	Plentation	FL_33324	<u></u>	_	
he ch igent	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the control of the con	l Hability s of the li he limited	company, it	is hereby confirmed that the company or as otherwise impany.	e change(s)
	fluic of a member or authorized representative of a member	_	 ::: -	Printed or typed name of sign	
liger novis he of	eby accept the appointment as registered agent and a sions of all statules relative to the proper and comple sligations of my position as registered agent as provi rely reflect a change in the registered office address, ed in writing of this change. Corposition System	agree to o ele perfor ided for it I hereby	nci (; this ca marce of w n Chapter of confirm tha	pacity. I further agree to c y duites, and I am Jamiliar)5, F.S. Or, if this docume If the limited liability comp	comply with the with and accept nt is being filed any has been
Signa	ture of Registered Agent	="	0		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.07