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(((H19000112250 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : 120160000048 : (800)345-4647

Phone : (800)432-3622 Fax Number

**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 AGENT CHANGE 908 GROUP OF COMPANIES, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 60. submits the following statement in order to change	5.0116. Florida Statutes, the undersigned limited liability company its registered office or registered agent, or both, in the State of			
Florida. 908 GR	OUP OF COMPANIES, LLC			
1. Name of the Limited Liability Company:				
2. (a) 2209 E 7TH AVENUE	(b) 2209 E 7TH AVENUE			
Principal office address of limited liability compa	Mailing address of limited liability company:			
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)			
SUITE C	SUITE C			
TAMPA, FL 33605	TAMPA, FL 33605			
01/02/2013	L13000000675			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Capitol Corporate Services, Inc.	cords of the Florida Dopt. of State:			
Registered Agent and Registered Office shown on the rec	cords of the Florida Dept. of State:			
515 East Park Avenue 2nd Fl	空间 另一个			
Registered Office Address MUST BE PLORIDA STREET ADDRESS)				
Tallahassee				
	· · · · · · · · · · · · · · · · · · ·			
(b) Koche, David L				
Enter name of NEW Registered Agent and/or NEW Re-	PERFEC Office Martes.			
Barnett Bold Kirkwood Long & McBrid	, 10			
NEW Registered Office Address	<u> </u>			
The registred office reduced	1			
CD4 Bauchara Baulauard Suita 700	.FL 33606			
601 Bayshore Boulevard, Suite 700	, FL			
the change or changes are made, the Florida street add	the laws of the State of Florida, it is hereby confirmed that after lress of the registered office and the business office of the registered nited liability company, it is hereby confirmed that the change(s) mbers of the limited liability company or as otherwise provided in that the limited liability company			
http://	Steve Beinke			
Signature of a member or authorized representative of a member	Printed or typod name of signee			
The state of the s	and agree to act in this capacity. I further agree to comply with the implete performance of my chities, and I am familiar with and accept provided for in Chapter 605, F.S. Or, If this document is being filed these, I hereby confirm that the limited liability company has been			
	Delanie Case, Assistant Secretary on			
Signature of Registered Agent behalf of Capitol Corporate Services, Inc.				
Division of Corporations	P.O. Box 6327 Tallahassee, FL 32314			

INHS18 (2/14)