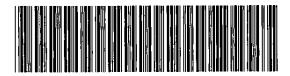
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APR 19 2016 J SHIVERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 13, 2016

Order#: 044854/005

Re: EXIT PLAN, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: EXIT PLAN, LLC				
2	(a)	145 Yacht Club Way, #306	(b)	6 East I	River Piers	
-	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of limited liability of (Note: MAY BE POST OFFICE	
		Hypoluxo, FL 33462	_	New York	k, NY 10004	
		01/23/2013	_	L1300001	11919	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	The Presser Law Firm, P.A.			_	
		Registered Agent and Registered Office shown on the records of the	e Florida l	Dept. of State	e:	
		800 Fairway Drive, Suite 340			_	
Registered Office Address (MUST BE FLORIDA STREET ADD			DDRESS)	RESS)		
		Deerfield Beach , FL_	33441		APR II	* *
	(b)	Corporation Service Company			Sign Cu	1
	(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> 1201 Hays Street	office add	ress:	AN 9: 83 OF STATE E.FLORIOA	Toronto
		NEW Registered Office Address:	<u> </u>		- 25 ^m	
		Tallahassee , FL_	32301		-	
the ag wa	e cha ent w is/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of the of organization or the operating agreement of the li	he regist pility cor the limi	ered office npany, it is ed liability	e and the business office of the s hereby confirmed that the ch y company or as otherwise pro	registered ange(s)
			Itai S	hoshani		
	_	ure of a member or authorized representative of a member			Printed or typed name of signee	
no	щиес	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete programs of my position as registered agent as provided by reflect a change in the registered office address, I held in writing of this change.	e to act i erforma for in Ci ereby coi	n this capa nce of my a hapter 605, yfirm that t	acity. I further agree to comp duties, and I am familiar with i. F.S. Or, if this document is the limited liability company l	ly with the and accept being filed ias been
Si	gnatu	Secure Output E of Registered Agent Corporation Service Company	BY: Sy	lvia Quep _l	ppet, Asst. Vice President	

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