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19542080845 From: Ranae McGraw

10/5/2018

Division of Corporations

Florida Department of State

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S Warren

OCT 06 2016

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.

(a)		(b)				
	Principal office address of limited liability company: (Nate: MUST BF. STREET (DDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 225 NE MIZNER BLVD STE 200 BOCA RATON, EL 33432			
	225 NE MIZNER BLVD STE 200	225				
	BOCA RATON, FL 33432	BC				
	1/28/2013	L130	000014206			
	Date of Gling/registration in Florida	4.	Document number			
(a)						
()	Registered Agent and Registered Office shown on the records Corporation Service Company	of the Florida Dep	e. of Siste:			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	·			
	1201 Hays Street					
	Tallahassee		FILED SHASSEF FLORID			
	1	1-1-				
(b)	Eater name of NEW Registered Agent and/or NEW Register		TO P			
ζ-,	Enter name of NEW Registered Agent and/or NEW Register	ed Office address	# 15 TS			
	C T Corporation System	REF G				
	NEAV Registered Office Address:					
	1200 South Pine Island Road					
	(200 South File Island Rolls					
	Plantation	FL 33324				
elia ent v s/we	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 authorized by an affirmative vote of the members cles of organization or the operating agreement of the	laws of the Stat of the registere liability compa s of the limited he limited liabil	te of Florida, it is hereby confirmed that after ad office and the business office of the register any, it is hereby confirmed that the change(s) liability company or as otherwise provided in			
	Vill O Chrona	Todd J. /				
	ture of a member or authorized representative of a member		Printed or typed name of signee			
ierei ovisi	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi By reflect a change in the registered office address,	igree to act in t de performance ded for in Chap	tus capacity. I further agree to comply with the of my duties, and I am familiar with and accorder 605, F.S. Or, if this document is being fill			

By