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Division of Corporations

## Florida Department of State

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## LLC REGISTERED AGENT CHANGE 2800 BEE RIDGE, 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 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.

L N	ame of the limited liability company:	E, LLC				
	16 SARASOTA CENTER BLVD.	(b) 10	0 SARASOTA CENTER BLVD.  Multing address of limited liability company:			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(17	Multing address of lin			:
	SARASOTA, Pt. 34240-9770	SAI	RASOTA, FL 34240-9770	0		
	MAY 23, 2013	<del></del>	UD075877		·	
3.	Date of filing/registration in Florida	4.	Document number	:r		
5. (a)	ALAN M. ELWELL					
	Registered Agent and Registered Office shown on the records of 19 SARASOTA CENTER BLVD.	the Florida Dept.	of State;			
	Registered Office Address (MUST RE FLORIDA STREET)	ADDRESS)				
	SARASOTA , FI.				2022 APR 2	
(b)	CROSS STREET CORPORATE SERVICES, LLC				PR 2	<u> </u>
,	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	<del></del>	R D	_	
	200 SOUTH ORANGE AVENUE				PH 3	<u> </u>
	NEW Registered Office Address:		ann maddid Yabr	1) 24 21 7.1	3: 05	
	SARASOTA FI					
nange gent w /as/wc te artic	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia to authorized by an affirmative vote of the members of	vs of the State registered offi ibility company if the limited li-	ce and the business office, it is hereby confirmed ability company or as of a company.	ce of the reg I that the cha therwise pro	istered inge(s) vided i	
Signat	or of a member of authorized representative of a member	ALAN M.			ative	
	, proceedings of a member		Printed or typed name	e or signee		lie

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