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SECRETARY OF STATE
SHALL AHASSEE, FLORIDA

MAR 19 2016 T CLINE

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

From: Morgan Kennedy

March 13, 2014 Date:

Order#: 029082/026

Re: BLUE LAGOON PAYROLL, LLC

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$25.00.

Please take the following action:

File in your office on a routine basis.

Issue Proof of Filing.

Return Regular Mail in the enclosed envelope.

Attn:Morgan Kennedy

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.

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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, 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.

com, mine state by I to made			
1. Name of the limited liability company: BLUE LAG	OON PAYROLL, LLC		
2. (a) Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	npany: 11770 N. US HIGHWAY	1 SUITE 202 FL 33408	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	IN. FALW BLACK	1 1 33400	
05/30/2013	L13000078423	2014 FAR	
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shows	on the records of the Florida	a Dept. of State:	
Registered Agent:	BUDDEMEYER DAVID		
Registered Office Address:	11770 N. US HIGHWAY		
	N. PALM BEACH	FL 33408	
(b) Enter name of NEW Registered Agent and/or			
NEW Registered Agent:	Corporation Service Con	Corporation Service Company	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street		
(MUST BE TEORIDA STREET ADDRESS)	Tallahassee	,FL 32301	
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be liability company, it is hereby confirmed that the chan the members of the limited liability company or as oth the operating agreement of the limited liability company. Signature of a member or auto-lized representative of a member	he Florida street address of the identical. Or, in the case of a ge(s) was/were authorized by erwise provided in the article	ne registered office Florida limited	
DONA PRIEBE Authorized Person			
Printed or typed name of signee			
I hereby accept the appointment as registered agent a comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of n Chapter 605, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	ind agree to act in this capac he proper and complete perfoi hy position as registered agen o merely reflect a change in t hpany has been notified in wr	ity. I further agree to rmance of my duties, it as provided for in the registered office iting of this change.	
By: Signature of Registered Agent Corporation Service Compan	ny Asst VP		

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