## 13000091186

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| (Re                                     | equestor's Name)       |      |
| (Ac                                     | ldress)                |      |
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| (Ci                                     | ty/State/Zip/Phone     | e #) |
| PICK-UP                                 | ☐ WAIT                 | MAIL |
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| (Do                                     | ocument Number)        |      |
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SECRETARY OF STATE
ALLAHASSEE, FLORIO

DEP. 23 2015 J. BRUCE

## 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.

| y: (b)   | orth Federal Highw<br>Mailing address of limited<br>(Note: MAY BE POST                     |  |
|--|--|--|
| y:   | ~  | liability company:   |
| 5111 No  | (Note: MAI BE PUSI   | OFFICE DOV   |
|  | (Note: MAY BE POST OFFICE BOX) 5111 North Federal Highway                                  |  |
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| 00   | <u> </u>   |  |
| 33431<br>, FL  | _  |  |
| ess of the registered office ted liability company, it bers of the limited liability to the limited liability contact. | ce and the business off<br>is hereby confirmed the<br>ity company or as othe<br>mpany.     | fice of the registe<br>nat the change(s)   |
| _  | Printed or typed name of   | f signee   |
| 1 to 1   | d.  rds of the Florida Dept. of Sta  EEET ADDRESS  33483  , FL  stered Office address:  00 | 4. Document number  Index of the Florida Dept. of State:  INDEX SECRETADDRESS)  Stered Office address:  Stered Office address: |

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

Signature of Registered Agent