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Office Use Only



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SECRETARY OF STATE

SECRETARY OF STATE

K. SALY JAN 19 2017

COVER LETTER

TO: Registration Section Division of Corporations	;
SUBJECT: Broad Way Land Name of I	W Center of Orlando, LL
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	tter to the following:
Gary J. Boynton Name of Person	1
Firm/Company	
1150 Louisiana Avr. Address	Ste. 1
Winter Park F2 3 City/State and Zip Code	2789
E-mail address: (to be used for future annual re	
For further information concerning this matter, pleas	se call:
Gary J. Boynton at Name of Person	(407) 42 280 11 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	unt:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Nai	ne of the limited liability company: Broad Wo	44	Lau	N Cer	iter	0f	Orland	10,L
	330 N. Broadway Ave.		33	0 N	13	roac	dway	An
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			_			ability company	_
	Orlando PZ 32803	_	O/	lan	No	R	3280	<u>.</u>
		-						<u></u>
	7-16-13	_	<u>L</u>	1300	101	00	671	
3.		4.		Docun	nent nur	nber		
5. (a)	Gary J. Boynton							
	Registered Agent and Registered Office shown on the records of the F	Florida D 2	ept. of S	itate:				
	Registered Office Address (MUST BE FLORIDA STREET ADD	RESS)				4	~2	
	Orlando FL 32803					Sich	11 110	η
	,FL					主流		
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(b)	Enter name of NEW Registered Agent and/or NEW Registered Off	See oddr	000:			FI	PR STA	
	Enter name of NEW Registered Agent and/or NEW Registered Off	ice agui	<u> 533</u> .			ORII	iaie 1	
	1150 Louisiana Arre.)	· •	
	NEW Registered Office Address:							
	Ste. 1							
	Winter Park .FL.	2) -	180	วิ				
	, 1		<u> </u>	<i></i>				
If the li					t is here	by confi	irmed that af	er
the char	mited liability company is not organized under the laws on the company is not organized under the laws of the	of the S registe	tate of	Florida, is fice and th	ie busin	ess offic	ce of the regi	stered
the char agent w was/we	mited liability company is not organized under the laws on the confidence of the street address of the ill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the	of the S registe lity com	tate of ered of ipany, ed liab	Florida, is fice and th it is hereb ility comp	ne busin y confir	ess offices med that	ce of the regi	stered (s)
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Signature of Registered Agent