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Division of Corporations

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

submit	nt to the provisions of sections 605.0114 or is the following statement in order to cha	r 605:0116, Flori nge 11s: registeret	da Statutes, t I office or re	he undersigned limited liability company egistered agent, or both, in the State of	
Florid		HNOMAD, LL		•	
2. (a)	1285 CREEKSIDE BLVD. EAST Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) 1285 CREEKSIDE BLVD. EAST Multing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
z. (a)					
	NAPLES, FL 34109		NAPLE	S, FL 34109	
	8/16/2013		L13000)116197	
3	Date of filling/registration in Florid	da 4.		Document number C	
5: (a)	Duval, Scott			121 PM	
(-)	Registered Agent and Registered Office shown on the	e records of the Lifer	ida Dept. of Stat		
	4130 Bayhead Drive Unit 205				
	Registered Office Address (MUST BE FLORID	A STREET ADDRE	<u>227)</u>		
	Double Codines	.EL 341	34	PH WEB	
	Bonita Springs	, FL: 34 1	34	3.4	
Œ\	Capitol Corporate Services, Inc.				
(a)	Enter name of NEW Registered Agent and/or NEW	V Registered Office	address:	_	
	515 East Park Avenue 2nd Fl			_	
	NEW Registered Office Address:				
				-	
	Tallahassee	FL 323	01	_	
the chi agent v	united liability company is not organized un ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the ieles of organization or the operating agreen	address of the re- i limited liability members of the li	gistered offic company; it i imited liabilit	e and the business office of the registered a hereby confirmed that the change(s) by company or as otherwise provided in	
the	mas compere		om Compe	ine, CFO	
	ture of a member of authorized representative of a me			Printed or typed name of signee	
provisi the ob- to mer notifie	by accept the appointment as registered age ions of all statutes relative to the proper and ligations of my position as registered agent ely reflect a change in the registered office d in writing of this change.	d complete perfor as provided for it address, I hereby	mance of my n Chapter 60: confirm that	auties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been	
	nu Case		- :	nt Secretary on	
Signati	re of Registered Agent	behalf of Ca	pitol Corpo	orate Services, Inc.	
	Division of Corporation	nso P.O. Box 63		ssee, FL 32314	

INHS18 (2/14)

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