L13000	20428
(Requestor's Name) (Address) (Address)	200263400242
(City/State/Zip/Phone #)	09/29/1401013017 **25.00
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	FILED 1914 SEP 29 A 11: 46 SEGRETARY OF STATE TALLAHASSEE, FLORIBA

Office Use Only

B. BOSTICK OCT - 7 2014 EXamin'er

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

4

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.

I. Na	ame of the limited liability company:	TRAIXCONTING	JH Co	NSULTING	Gras	uc .
2. (a)	GID W CAS CAAS Principal office address of limited lia (Note: MUST BE STREET A		(b) <u>6</u>	Mailing address o	of limited liability BE POST OFFIC	• •
	#215		#2	215		
	FOOT LAUDREDIKE	FL 33312	Top	T LAUDER	DHIE F	1 33312
•	08/26/203			300012		
3.	Date of filing/registration it		. \	Document nu	imber	
5. (a)	Registered Agent and Registered Office sho	CALEGADY wn on the records of the Flo	RESILLED) e:		
	10796 Pives	Bud				
		LORIDA STREET ADDR	ESS)	-		
	SUITE 201			_	NEL CAR	
	PEMBRONE PINES	, FL	33026	_	AHA AHA	
				_	SSE .	
(b)	Enter name of <u>NEW Registered Agent</u> and	or NEW Registered Office	addrose	-	641,	
	Bilds have of <u>straw Registered Agent</u> and	or <u>renew Registered Onice</u>	<u>. audi (</u> .		STA	
	GIO W LAS (Jus Bus			RIEA	44
	NEW Registered Office Address:	· · · · · ·	· · · · · · · · · · · · · · · · · · ·	-		
	# 215			_		
	(
	FOR GUDBEDIE	, FL	33312	_		
the cha agent v was/we	imited liability company is not organing on the second state of the second state of a line of the second state will be identical. Of, in the case of a line authorized by an affirmative vote cles of organization of the operating	street address of the r Florida limited liability of the members of the	egistered offic company, it i limited liabilit	e and the busin s hereby confi y company or	ness office of t rmed that the	he registered change(s)
Signa	ture of a member or authorized representative	of a member		Printed or War	d name of signee	
I here provisi the obl to mere notified	by accept the appointment as register ons of all statutes relative to the pro- igations of my position as registered ely reflect a change initife registered d'in writing of mis change.		act in this cap rmance of my in Chapter 60: y confirm that		-	nply with the h and accept s being filed has been
Signatu	ie or registering Agent					

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

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