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To: 18506176383 From: 14693173436 Date: 10/11/19 Time: 1:28 PM Page: 02/02

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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 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.

. Na	ame of the limited liability company: Akum	in Florida	Hold	ings, LLC				
. (a)			(1	») <u> </u>				
	Principal office address of limited liability company (<u>Note: MUST BE STREET ADDRESS</u>)			b) Mailing address of limited hability company (<u>Note: MAY BE POST OFFICE BON</u>)				
	8300 W. Sunrise Blvd.			8300 W. Sunrise Blvd.				
	Plantation, FL 33322 09/18/2013			Plantation, FL 33322 L13000132173				
	Date of filing/registration in Florida	1	4.		Document	num	ber	
(a)	Registered Agent and Registered Office shown on the							
	Registered Agent and Registered Office shown on the	records of the	e Florad	a Dept, of State	:.			
	Corporate Creations Network Inc.	_						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					i.	23	
	11380 Prosperity Farms Road #221			ZUŃ (16			
	Palm Beach Gardens	33410					007 11	-1 <u>2</u>
		, ru			12		-	ł
(b)					,	-		TR.
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>						A ∰	022
	LEGALINC CORPORATE SERVICES INC.						673	
	NEW Registered Office Address:				-	1	9	
	5237 SUMMERLIN COMMONS BLV							
					-			
	FORT MYERS							
ie cha gent i jas/w	limited liability company is not organized unc ange or changes are made, the Florida street a will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the n icles of organization or the operating agreement	ler the laws iddress of the limited liab nembers of	s of the he regi oility e the lin imited	e State of Flo stered office ompany, it is nited liabilit liability con	orida, it is h c and the bu s hereby co y company apany.	asines nfirm	ss office ned that	e of the regi the change
	Rohit Navani		Ro	hit Navani				

Signature of a member or authorized representative of a member-

•

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited hability company has been notified in writing of this change.

Win Signature of Registered Ager

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Division of Corporations P.O. Box 6327 • Tallabassee, FL 32314 FH.ING FEE: \$25.00