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T. CLINE

EXAMINER

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.

I. Na	me of the limited liability company: 7402 Heritage	Hills Ll	.c	<u>.</u>					
2. (a)	5118 N 56TH STREET	(b)	PILENY ALIUNA						
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	TAMPA, FL 33610	_	TAMPA,	FL 33680					
	09/19/2013	_ เ	.1300013	2774					
3.	Date of filing/registration in Florida	4.	1	Document number					
5. (a)	CORPORATION SERVICE COMPANY								
J. (a)	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	he Florida l	Dept. of State:			201			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			LANASSEE, FLORID	2016 NOV	•••		
	TALLAHASSEE ,FL	32301			3388 0 XXX	20 1	["		
(b)						<u> </u>	-		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:		OR I	AM 10: 36	٠		
	Corporate Creations Network Inc.				Σ'.	8			
	NEW Registered Office Address:								
	11380 Prosperity Farms Road #221E	. <u> </u>							
	Palm Beach Gardens FL	33410							
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ha are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist ibility cor f the limi limited li	ered office upany, it is ted liability ability comp	and the business of hereby confirmed to company or as oth pany.	thice of the that the ci- crwise pr	e regist hange(s	tered 3)		
<u> </u>	ture of a mamber or authorized representative of a member	Dan		man, Attorney-in					
I herel provisi the obl to mere notified	by accept the empointment as registered agent and agri- ons of all statutes relative to the proper and complete, ugations of my position as registered agent as provided by reflect a change in the registered office address, I h I in writing of this change.	ee to act i performa I for in C acreby co.	in this capa nce of my d hapter 605, ofirm that to	city. I further agre lutics, and I am fam F.S. Or, if this doc he limited liability	e to comp illiar with cument is company	ply with i and ac being , has bee	i the ccept filed en		
	Danielle Gossman, Specia	il Secreta	ıry						
aignatu	re of Registered Agen:	tos 6327:	Tallahass	μμ KI 3231di					

Division of Corporations P.O. Box 6327 Tallahassee, FL 3231: FILING FEE: \$25.00