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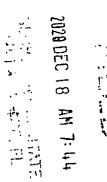
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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O SIMMONS
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COVER LETTER

Division of Corporations	
CONVINCIFY LLC SUBJECT:	
	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	r to the following:
JB ROTH	
Name of Person	
ROTH LAW FIRM PL	
Firm/Company	
450 STATE ROAD 13 NORTH, SUITE 106 - PMB 134	
Address	
SAINT JOHNS, FL 32259	
City/State and Zip Code	
JB@ROTHFIRM.NET	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
JB ROTH 9	904 595-7900
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amoun	ıt:
■ \$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.	Na	ame of the limited liability company: CONVINCIFY LL	.C				
2	(a)	50 N. LAURA STREET		(b) 50 N. LAU	URA STREET		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`		Mailing address of limited liability co		
		SUITE 2500		SUITE 250	500		
		JACKSONVILLE, FL 32202	_	JACKSONVILLE, FL 32202			
		10/11/2013		L13000143876			
3.		Date of filing/registration in Florida	4.		Document number		
5	(a)	ROTH LAW FIRM PL					
J.	(α)	Registered Agent and Registered Office shown on the records of the	ne Flori	da Dept. of State			
		6100 GREENLAND RD			102 a		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRE	<u>5S)</u>	202 a DEC		
		SUITE 604					
		JACKSONVILLE , FL	32258		• .	farmâ îz,** Î	
	(b)	ROTH LAW FIRM PL			A 7:1	الميدية	
	Enter name of NEW Registered Agent and/or NEW Registered O			ce address:			
		12724 GRAN BAY PARKWAY WEST					
		NEW Registered Office Address:			_		
		SUITE 410					
		JACKSONVILLE , FL	32258		_		
ch ag wa	ange ent v is/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the li	registe pility of the li	red office and company, it is mited liability	nd the business office of the reg is hereby confirmed that the cha ty company or as otherwise pro	istered inge(s)	
			Æ.	AN B. ROTH,	I, AUTH. REPRESENTATIVE		
- 5	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
pro the to	ovisi e obl meri	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	e to ac perform for in ereby c	et in this capa nance of my a Chapter 605, confirm that t	pacity. I further agree to compl duties, and I am familiar with a 5, F.S. Or, if this document is b the limited liability company h	y with the and accept being filed as been	
Si	gnath	Not Registered Agent					
	J	Transfer Services					