Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : 076117000420

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC REGISTERED AGENT CHANGE 911 N ORANGE AVE #511, LLC

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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.

| 1. | Na | me of the limited liability company:911 N Ora | nge Ave #51 | 1, LLC |
|--|--|--|--|--|
| 2. (| a) | | (ት) | |
| ` | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (*) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. | | 10/21/2013 Date of filing/registration in Florida | 4. | L13000148116 Document number |
| 5. (| (a) | Adam Arnott | · · · · · · · · · · · · · · · · · · · | |
| | | Registered Agent and Registered Office shown on the records of the | he Florida Dept. of | f State: |
| | | 9349 Tibet Point Circle | | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | · · · · · · · · · · · · · · · · · · · |
| | | | | A CO TO THE REAL PROPERTY OF THE PROPERTY OF T |
| | | Windermere, FL_ | 34786_ | RETARY OF STATE ANASSELET ORID |
| | | Adam Arnott | | |
| (| b) Adam Arnott Enter name of NEW Registered Agent and/or NEW Registered Office addre | | Office address: | |
| | | The state of the s | <u> </u> | STA ET |
| | | 9868 Kilgor Rd. | | 08 |
| | | NEW Registered Office Address: | | » |
| | | | | ——— |
| | | Orlando, FL_ | 32836 | |
| | | | | |
| If the | e li | mited liability company is not organized under the law nge or changes are made, the Florida street address of | s of the State o | of Florida, it is hereby confirmed that after |
| agen | lt w | ill be identical. Or, in the case of a Florida limited lia | bility company, | , it is hereby confirmed that the change(s) |
| Was/ | we | re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the I | the limited lial | bility company or as otherwise provided in |
| | | | · . | • |
| /s/ Adam Arnott Ad Signature of a member or authorized representative of a member | | | Adam Arnott Printed or typed name of signee | |
| I he prov the c to m notif | reb Isla Isla Isla Isla Isla Isla Isla Isla | y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided ly reflect a change in the registered office address, I h in writing of this change. | ee to act in this performance of I for in Chapter ereby confirm t | |
| | | Adam Arnott | | |