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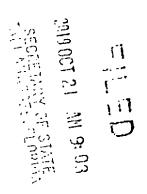
()	Requestor's Name)	
(/	Address)	
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((City/State/Zip/Phone #)	
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(E	Business Entity Name)	
(1)	Document Number)	
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COVER LETTER

INHS18 (2/14)

_	ion Section			
Division	of Corporations			
	Turale	w Firm, LLC		
SUBJECT:		of Limited Liability Company		
	, varie	or Elimica Emolity Company		
Dear Sir or Mada	ım;			
The enclosed Reg	zistered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return all	correspondence concerning this	matter to the following:		
<u> </u>	Name of Person			
	Name of Person			
	Fr. 116			
	Firm/Company			
	rimeCompany			
,	You W. Elinburke A.	1/0		
	Yoi W. Fair Sun K. A.a. Address	<u>^^C</u>		
W.	ster P. 1 FL 3278	59		
	City/State and Zip Code			
1	^ 0			
pro-da	ess: (to be used for future annual			
E-mail addr	ess: (to be used for future annua	al report notification)		
For further inform	nation concerning this matter, pl	lease call:		
\circ				
	to Two	at (407) 900-8917		
1	Same of Person	Area Code & Daytime Telephone Number		
STREET	COURIER ADDRESS:	MAILING ADDRESS:		
	ion Section	Registration Section		
	of Corporations	Division of Corporations		
Clifton B	•	P.O. Box 6327		
	ecutive Center Circle see, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
© \$25 Fi	ling Fee	□ \$55 Filing Fee & Certified Copy		

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 10/14				
1. Na	ame of the limited liability company:Type Lan	y Firm,	·,LLC	
2. (a)	401 W. Forbule Aine, Site 100	(b	(b) 40/ W. Firshold Array Site 100	
	Principal office address of limited liability company: (Note: MUST BE STREET (DDRESS)	`	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX	•
	W: 40 P. L FL 32789		Violet Posic FL 32789	
		_		
	12/06/2013		L13000168965	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Bruch M. Typa			
J. (u)	Registered Agent and Registered Office shown on the records of t	the Florida	da Dept. of State:	
	283 Ciones Royal Blud State Ill			
	Registered Office Address (MUST BE FLORIDA STREET A	<i>DDRESS</i>	<u></u>	
	Altenste Spring FL 32701		MIN DOT ?!	11
	_			
	, FL			113
(b)	Bounds M. Typen			C
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	ddress:	
	401 W. Forrbooks Avenue Side 10	σ c	Signi Su	
	NEW Registered Office Address:			
	Winty Pick FL 32789			
	FI			
	, FL			
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis bility co f the lim	gistered office and the business office of the reg company, it is hereby confirmed that the change mited liability company or as otherwise provide	istered e(s)
	// Vill		Printed or typed name of signee	
Ū	ture of a member or authorized representative of a member			
I here provisi the obl to mer notified	hy accept the appointment as registered agent and agrions of all statistes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to act perform I for in C iereby co	ct in this capacity. I further agree to comply wind ance of my duties, and I am familiar with and Chapter 605, F.S. Or, if this document is bein confirm that the limited liability company has b	ith the accept g filed seen

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

Signature of Registered Agent