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	To:	
		Division of Corporations
		Fax Number : (859)617-6383 Account Name : C T CORPORATION SYSTEM
	From:	
1: 34	Z S S S S S S S S S S S S S S S S S S S	Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996 The email address for this business entity to be used for future noual report mailings. Enter only one email address please.**
الا <u>الا</u>	ENTOPS CORPOR SSEE, FL	mail Address:
ມິ	AHA	LLC REGISTERED AGENT CHANGE

CROMULENCE 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.

L. Ni	ime of the limited liability company: CROMULENCE	LLC			
2. (a)	705 E Strawbridge Avenue	- (b)	705 E Str	awbridge Avenue
z. (a)	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	. <u></u> '	υ/ <u>-</u>		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 101		?	Suite 101	
	MELBOURNE, FL 32901			4ELBOU	JRNE, FL 32901
	01/17/2014		Ll	4000010	027
3.	Date of filing/registration in Florida	4.	-		Document number
5. (a)	CORPORATION SERVICE COMPANY				
. (41)	Registered Agent and Registered Office shown on the records of	the Floric	la De	ept, of Sta	_ de:
	Registered Office Address (MUST BE FLORIDA STREET). 1201 HAYS STREET		TILE TILE TILE		
	TALLAHASSEE , FL	32301-2	2525		STEB 13 PE
(b)	C T Corporation System		2 2 0		
(17)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	FILED STEB 13 PH 5: 10 EVANOVED TO THE			
	NEW Registered Office Address:				_
	1200 South Pine Island Road				_
	Plantation, FL	33324			_
the cha agent v was/we the arti-	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 livere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the turn of member of authorized representative of a member by accept the appointment as registered agent and agreement agent and agreement agent and agreement agent and agreement of the appointment as registered agent and agreement of the agreement ag	the reg ability e of the lir limited Bre	isteromy nite lial mda	red offic pany, it i d liabili pility cor n Murphy	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in upany. Printed or typed name of signee
provisi the obl to mere notified By:	ons of all statutes relative to the proper and complete igations of my position as registered agent as provided wreflect a change in the registered office address. It is writing of this change. C.T. Corporation System SEANL EMERICA ASSISTANT SECRETARY TO OF Registered Agent	perforn	nan	ce of miv	duties, and I am familiar with and accept