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Klett, Mesches & Johnson

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Division of Corporations

## Florida Department of State

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## H16000 234 886

## 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.

(a)		(b)	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of !imited liability company; (Note: MAY BE POST OFFICE BOX)
	1/21/14	L140	000010576
	Date of filing/registration in Florida	4.	Document number
(b)	Klett, Mesches & Johnson, P.L.		
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	2855 PGA Boulevard, #100		Control of the contro
	Palm Beach Gardens	, FL 33410	
	Klett, Mesches & Johnson, P.L.		22 A 4: 07
``'	Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	!		H: 0.7
	NEW Registered Office Address:		
	4400 PGA Boulevard, Suite 304		<del></del>
	Palm Beach Gardens	, FL 33410	
cha ent v s/we arti	imited liability company is not organized under the singe or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the member of organization or the operating agreement of the day of a member of	e laws of the State as of the registered ad liability compan ars of the limited li the limited liabilit	office and the business office of the register y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	by accept the appointment as registered agent and ions of all statutes relative to the proper and comp igations of my position as registered agent as pro- ely reflect a change in the registered office addres d in writing of this change.	l agree to act in thi lele performance of so, I hereby confirm	
tifie	3 3	l	

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