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Division of Corporations

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From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

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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.

rior		DB DOB.	TSI	I.C.		
1.		me of the finited habitity company:				
2. (a	1)			(b) 1825 PONCE DE LEON BLVD #680		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ζ,	Aailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
		STE 110PMB849				
		MIRAMAR, FL 33027		CORAL	GABLES, FL 33134	
		02/27/2014		L140000	034252	
3.		Date of filing/registration in Florida	4.		Document number	
5. (a١	DINELLI, ZULMA P				
., (•••	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State	:	
		1825 PONCE DE LEON BLVD #680				
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(S)</u>		
					7A.S. 2	
		CORAL GABLES FI	3313	4	020 M	
(b)		Registered Agents Inc.			FILE AM	
10	,	Enter name of NEW Registered Agent and/or NEW Registered	d Agent and/or NEW Registered Office address:		; ≧ m	
		7901 4th St N	th St N		1 9 15 2 1 16 V	
		<u>NEW</u> Registered Office Address:			> · · · · · ·	
		STE 300				
		St. Petersburg	3370	2		
the eager	cha n w wc	mited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of organization or the operating agreement of the	the reg ability of the li	distered office company, it is mited liability	and the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in	
	R	iley tak	Ri	ley Park	1887	
Si	nat	ure of a member or authorized representative of a member			Printed or typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Bill Havre - Assistant Secretary

Signature of Registered Agent