L140000 72765

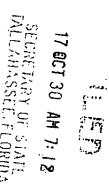
(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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10/30/17--01024--019 **345.00



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 understgned 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)		(1)			
	Principal office address of limited liability company: (Note: MUST BE STREET 4DDRESS)		Mailing address of limited liability compan Note: MAY BE POST OFFICE BOX	ià:		
	319 Clematis Street, Suite 708		319 Clematis Street, Suite 708			
	West Palm Beach, FL 33401		West Palm Beach, FL 33401			
	05/05/2014		L14000072765			
	Date of filing/registration in Florida	4,	Document number			
(a)						
	Registered Agent and Registered Office shown on the records of	the Florid:	Dept. of State:			
	LISA G. GERARD					
	Registered Office Address INUST BE FLORIDA STREET	<u>ADDRESS</u>	ù	∞ <u>-</u>		
	319 Clematis Street, Suite 708				17	
	West Palm Beach, FL	33401		골공	9	
				27 47	¥	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			SS	သ	
	Caller Manie of Personal Manie of New Registered	Office #4	dress.		_	
	HILLARY O'BRIAN				A	,
	NEW Registered Office Address			$\subseteq \omega$	-7	
	319 Clematis Street, Suite 708			35 55		•
	West Palm Beach, FLFL	33401		ID.	₩.	
	mited liarlity company is not organized under the lar age or clanges are made, the Florida street address of still be centical. Or, in the case of a Florida limited li- tre Addorized by an affirmative vote of the members of the organization or the operating agreement of the	the regi- ability co of the lim limited l	stered office and the business office of the regi- impany, it is hereby confirmed that the changed ited liability company or as otherwise provided lability company.			
9.1	ure of a member or authorized representative of a member	AL	FRED N. MARULLI			
			Printed or typed name of signee			
neren rovisio e obli mere otifien	by accept the appointment as registered agent and agroup on of all statutes relative to the proper and complete ignitions of my position as registered agent as provide the reflect a change in the registered office address. It is my ling of this change.	ree to act perform d for in t hereby co	in this capacity. I further agree to comply wit ance of my duties, and I am familiar with and chapter 605, F.S. Or. if this document is being onfirm that the limited liability company has be	th the accept filed yen		
gnatur	to of Reportered Agent					