L14000074080

| (Requestor's Name) | | | | |
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| (Address) | | | | |
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| (Address) | | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date:1^ | 1/29/2018 | | | |
|----------------|-------------------------------|------------------|--|---------|
| | Chris Vick | _ | | |
| | L14000074080 | <u></u> | | |
| Entity Name: | HUMAN CA | APITAL FL 2, LLC | | |
| Articles | of Incorporation/Authorizatio | | | |
| Amendn | nent | | | |
| Change | of Agent | | | |
| Reinstat | ement | | | |
| Convers | ion | | AON BURZ | 7.7 |
| Merger | | | \$ 1 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × 2 × | , |
| ☐ Dissoluti | ion/Withdrawal | | | |
| Fictitious | s Name | | | |
| Other_ | | | | |
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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. 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.

| both, in the shale of 1 to the | | | |
|--|---|---|--|
| 1. Name of the limited liability company: HUMAN CAF | PITAL FL 2, LLC | | |
| 2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>) | 2600 W. Geronimo Plac Suite 100 Chandler, AZ 85224 | 3 1 | |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 2600 W. Geronimo Pla Suite 100 Chandler, AZ 85224 | 29 FT | |
| May 1, 2014 | L14000074080 | 9: 2 FIR | |
| | 4. Document number | | |
| 5. (a) Registered Agent and Registered Office shown on t | he records of the Flor | rida Dept. of State: | |
| Registered Agent: | CONNORS, PAUL | | |
| Registered Office Address: | 6815 ATLANTIC BLVD., SUITE 1 | | |
| | JACKSONVILLE, FL 32211 | | |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : NEW Registered Office Address: | W Registered Office address: COGENCY GLOBAL INC. 115 North Calhoun St., Suite 4 | | |
| (MUST BE FLORIDA STREET ADDRESS) | | T.Y | |
| | Tallahassee | FL_32301 | |
| If the limited liability company is not organized under the laconfirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) the members of the limited trability company or as otherwise the operation purecement of the limited liability company. Signature of which the limited liability company. Printed or typed name of signee I hereby accept the appointment as registered agent and as | orida street address of ical. Or, in the case of was/were authorized see provided in the arti | f the registered office of a Florida limited by an affirmative vote of cles of organization or | |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the province of and I am familiar with and accept the obligations of my post-chapter 605. F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company | pper and complete per sition as registered as rely reflect a change i has been notified in | Jornance of my gulles, gent as provided for in the registered office writing of this change. | |

Signature of Registered Agent Tim Mayville, Assistant Secretary

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