

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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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.

(a)	(b)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				
	1021 ives dairy rd		1021 ives dairy rd				
	building 3 ste 115 miami fl 33179		building 3 ste 115 miami fl 33	179			
	06/13/2014		L14000094963				
	Date of filing/registration in Florida	4.	Document numb	er			
(a)							
. ,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Cummins, Shane						
	Registered Office Address (MUST RF. FLORIDA STRE	<u>S)</u>	107				
	7035 TRYSAIL CIRCLE			5			
				22			
	TAMPA	FL_33607		1 AON 6192			
(b)	TAMPA C T Corporation System			61			
(ს)			ddress:	19 PH			
(ს)	C T Corporation System		ddress:	19 PH			
(ს)	C T Corporation System		<u>ddress</u> :	19 PH 3:			
(Ს)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>	rel Office A	<u>ddress</u> :	19 PH 3:			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited hability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

kayla fenton eno Signative a member or authorized representative of a member Printed or typed name of signee

Signature of Registered Agent

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