L14000105-644

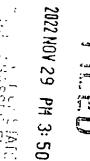
(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_

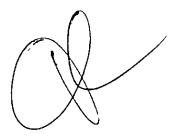
Office Use Only



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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.

	ame of the limited liability company:		5 (20 O) :	W CV DI VD
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) <u>1639 OA</u>	KLEY BLVD. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	WESLEY CHAPEL, FL 33544	<u> </u>	WESLEY	CHAPEL, FL 33544
	07/02/2014		L14000105	5644
3. 5. (a)	Date of filing/registration in Florida ALTON L LIGHTSEY	4.		Document number
1. (a)	Registered Agent and Registered Office shown on the records o	the Flori	da Dept. of Sta	 ute:
	Registered Office Address (MUST BE FLORIDA STREET) 2105 PARK AVENUE NORTH	ADDRE.	<u>5.S)</u>	_
	WINTER PARK , F	L		2022 NOV 29
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 222 W COMSTOCK AVENUE	d Office a	ddress:	OV 29 PH 3: 50
	NEW Registered Office Address: SUITE 200			- :50
	WINTER PARK, F	L ³²⁷⁸⁹		
chang agent was/w the art Sign	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited leare authorized by an affirmative vote of the members icles of organization or the operating agreement of the member of a member of a member of a member of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I do not not provided in writing of this change.	ws of the registe iability of the limited Al	e State of Fl red office at company, it mited liabili liability con TON L. LIG	lorida, it is hereby confirmed that after to the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in impany. GHTSEY Printed or typed name of signee pacity. I further agree to comply with the