To: Page 2 of 3

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From:

Account Name :

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

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12/29/2016

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LLC REGISTERED AGENT CHANGE MERIDIAN AT KISSIMMEE, LLC

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K. SALY

1/1

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.

| . (4) | Principal office address of limited liability company: | (b) | | | | |
|------------------------------------|---|--|--|--|--|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | | | | |
| | 1038BelcherRd.S | 151K | almusDr.SuiteA203 | | | |
| | Largo,FL33771 | Canta | Mesa,CA92626 | | | |
| | 07/29/2014 | L14000 | 0119053 | | | |
| | Date of filing/registration in Florida | 4. | Document number | | | |
| 5. (a) | RegisteredAgentsInc. | | | | | |
| | Registered Agent and Registered Office shown on the records o | SECRETARY OF STATE SECRETARY OF STATE | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | THE PER STATE OF THE PE | | | |
| | 3030 N. Rocky Point Dr., Ste. 150A | • | ASSE AS IT | | | |
| | Tampa, F | 33607 | X OF STA | | | |
| | , P | L/ | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registere | | | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registere | d Office address: | | | | |
| | CTCorporationSystem | | | | | |
| | NEW Registered Office Address: | | | | | |
| | 1200SouthPinelslandRoad | | | | | |
| | • | | | | | |
| | Plantation , F | L_33324 | | | | |
| | limited liability company is not organized under the la | iws of the State of | of Florida, it is hereby confirmed that after | | | |
| he cha gent v vas/w | ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | iability company of the limited lia | t, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. | | | |
| he cha igent vas/w he art | ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members iclessof organization or the operating agreement of the | iability company of the limited lia e limited liability MelissaNot | t, it is hereby confirmed that the change(s) ability company or as otherwise provided in a company. Printed or typed name of signee | | | |

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