Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842 Fax Number : (850) 878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** 3

Email Address:

LLC REGISTERED AGENT CHANGE SUNERA CPAS & ASSOCIATES PLLC

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Corporate Filing Menu

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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 affice or registered agent, or both, in the State of Florida.

| • | Principal office address of limited liability company: (Note: MUST RESTREST ADDRESS) 201 E KENNEDY BLVD, SUITE 415 | _ ` | (b) Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX) 201 E KENNEDY BLVD, SUITE 415 | — | |
|---------------------------|---|-------------------------------------|---|-----|---------------------------|
| | TAMPA, FL 33602 | _ | TAMPA, FL 33602 | _ | |
| | 08/25/2014 | | C14000132719 | | |
| | Date of filing/registration in Florida | 4. | Document number | | |
| . (a) | Registered Agent and Registered Office shown on the records of SUNERA LLC | The Flori | etda Dept. of State: | | |
| | Registered Office Address (MUST BE FLORIDA STREET 201 E KENNEDY BLVD, STE. 415 | ADDRE | | 5 | TALL |
| | TAMPA P | . 31602 | 2 | APR | ٠ <u>٠</u> الله حوز |
| ۸. | | | | 5 | CC CC CT |
| (P) | Enter name of NEW Resistered Agent and/or NEW Registere | 4 Office | 1 address: | F | |
| | NRAI SERVICES, INC. | | | | 10000 |
| | NEW Registered Office Address: | | | 25 | Ę |
| | 1200 SOUTH PINE ISLAND ROAD | | | | ر |
| | PLANTATION F | L_33324 | 4 | | |
| he gri ves/w he gri | limited liability company is not organized under the leange or changes are made, the Florida street address owill be idemical. Or, in the case of a Florida ilmited ere authorized by an affirmative vote of the members licies of organization or the operating agreement of the | of the replicability of the limited | registered office and the business office of the regist y company, it is hereby confirmed that the change(s i limited liability company or as otherwise provided ted liability company. | in | |
| 3100 | Lure of a mamber or productive of a member | | ly: Brenda K. Holland, Authorized Represent Primed or typed name of signee | | |
| I here | by accept the appointment as registered agent and of ions of all statutes relative to the proper and complet | gree to d | act in this capacity. I further agree to comply with bromance of my duties, and I am familiar with and as in Chapter 605, F.S. Or, if this document is being to confirm that the limited liability company has been | the | |

Division of Corporationse P.O. Bez 6327* Taliabasses, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)

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