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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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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: POMCA			
a)	1790 SOUTH TREASURE DRIVE	_(b) <u>РО</u>	BOX 531303	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	APT 5C			
	NORTH BAY VILLAGE, FL 33141	Miar	mi Shores, FL 33153	
	08/27/2014	L14	000134568	
	Date of filing/registration in Florida	4.	Document number	
(a)	, MICHAEL J O'HARE			
(11)	Registered Agent and Registered Office shown on the records of	of the Florida Dept. o	of State:	
	1790 SOUTH TREASURE DRIVE			
	Registered Office Address (MUST BE FLORIDA STREE)	(ADDRESS)		
	APT 5C			
(b)	NORTH BAY VILLAGE	_{1.} 33141	· · · · · · · · · · · · · · · · · · ·	
	Northwest Registered Agent	LLC	≗ ~	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	-— 	
	7004 Att. O. N.			
	7901 4th St N			
	7901 4th St N NEW Registered Office Address:	. 110.11-11-11	:+ 1	

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 liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of Onember or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent