1/28/2016

Division of Corporations

Florida Department of State

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Division of Corporations

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LLC REGISTERED AGENT CHANGE SALT LAKE CITY TRANSFER, LLC

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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, 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.

1. Name of the limited liability company: SALT LAKE	CITY TRANSFER LLC
2. (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	Any: 6751 Forum Drive Suite 200 Orlando, Florida 32821
(b) Mailing address of limited liability company; (Note: MAY BE POST OFFICE BOX)	6751 Forum Drive Suite 200 Orlando, Florida 32821
9/15/2014	L14000143858
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept, of State:
Registered Agent:	CT CORPORATION SYSTEM
Registered Office Address:	1200 SOUTH PINE ISLAND ROAD
	PLANTATION, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	VEW Registered Office address:
NEW Registered Agent:	Business Filings Incorporated
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1200 South Pine Island Road
	Plantation FL 33324
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idliability company, it is hereby confirmed that the change the members of the limited hability company or as other the operating agreement of the limited hability company.	e Florida street address of the registered office
Signature of a member or authorized representative of a member	**************************************
Craig C. Mateer, Manager	
Printed or typed name of signee	A. B
I hereby accept the appointment as registered agent que comply with the provisions of all statutes relative to the and I om familiar with and accept the obligations of my Chapter 603, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability complete Mark Williams, AVP Business Filings Inconsignature of Registered Agent	north in the registered agent as provided form merely reflect a change in the registered office was bany has been norified in writing of this change.
Division of Corporations, P.O. Box	: 6327, Tallahassee, FL 32314
NHS18 (12-13)	

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