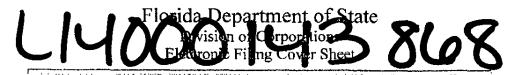
Division of Corporations

Page 1 of 2



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Division of Corporations

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> LLC REGISTERED AGENT CHANGE TUCSON PROVISIONS, LLC

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J. HARRIS

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Corporate Filing Menu

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Fax Audit H14000022460 3

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: TUCSON PROVISIONS, LLC		
2. (a) Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	6751 Forum Drive, Suite 200 Orlando, Florida 32821	
9/15/2014	L14000143868	
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>NE</u>	W 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 F1_33324	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) the members of the limited hability company or as otherwise operating agreement of the limited hability company.	Florida street address of the registered office	
Signature of a member or authorized representative of a member		
Craig C. Mateer Member of Orlando DTTS LLC, Manager		
Printed or typed name of signee		
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 603, F.S. Or, if this document is being filed to the address, I hereby confirm that the limited hability comparable.	roner and complete pertornichee of hiv dillies.	
Mark Williams, AVP Business Filings Incorpor	orated Section 1	
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00		

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