14000/45985

| (Red | questor's Name) | | | |
|---|-------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City | //State/Zip/Phone | #) | | |
| PICK-UP | WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |





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2019 SEP -3 AH ID: 18

SEP 13 2019

COVER LETTER

| TO: | Registration Section Division of Corporations | | • | | |
|---|--|---------------------------------------|--|--|--|
| SHRIE | PERKINS PERSHES, PLLC | | | | |
| 30131 | Name of Limited Liability Company | | | | |
| Dear Si | ir or Madam: | | | | |
| The end | closed Registered Agent/Registered Offi | ce Change and | fee(s) are submitted for filing. | | |
| Please | return all correspondence concerning thi | s matter to the | following: | | |
| L.A. P | PERKINS | | | | |
| | Name of Person | · · · · · · · · · · · · · · · · · · · | | | |
| PERK | KINS PERSHES, PLLC | | | | |
| | Firm/Company | | _ | | |
| 5301 | North Federal Highway, Suite 110 | · | | | |
| | Address | | | | |
| Boca | Raton, Florida 33487 | | | | |
| | City/State and Zip Code | | _ | | |
| Iperkii | ns@perkinspershes.com | | | | |
| E | -mail address: (to be used for future ann | ual report noti | ication) | | |
| For fur | ther information concerning this matter, | please call: | | | |
| L.A. P | Perkins | 561 | 910-8923 | | |
| | Name of Person | | Area Code & Daytime Telephone Number | | |
| | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Re Di P. | AILING ADDRESS: egistration Section vision of Corporations O. Box 6327 Hahassee, Florida 32314 | | |
| Enclosed is a check for the following amount: | | | | | |
| | ☑ \$25 Filing Fee | □ \$ | 55 Filing Fee & Certified Copy | | |

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.

| 1. N | ame of the limited liability company: Perkins Pers | | | |
|--|---|--|--|--|
| 2. (a) | 5301 North Federal Highway, Suite 110 | (b) 5301 North Federal Highway, Suite 110 | | |
| , , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Boca Raton, Florida 33487 | Boo | ca Raton, Florida 33487 | |
| | | | | |
| | 09/18/2014 | L140 | 000145985 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a | Perkins, L.A. | | | |
| J. (a | Registered Agent and Registered Office shown on the records of 3839 NW Boca Raton Blvd. | the Florida Dept. | of State: | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | |
| | Suite 200 | | 201 | |
| | Boca Raton En | 33431 | 2019 SEP | |
| (b) | Perkins, L.A. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 5301 North Federal Highway | d Office address: | -3 AH 10: 18 | |
| | NEW Registered Office Address: | | | |
| | Suite 110 | | | |
| | Boca Raton Fi | 33487 | | |
| the chagent was/w the art Sign I hero provise the obto men | limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the ature of a member of authorized representative of a member when accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete digations of myposition as registered agent as provide rely reflect a change in the registered office address. I sed in writing of this change. | f the registered iability compar of the limited le limited liability compared to act in the cree to act in t | office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Printed or typed name of signee is canacity. If further garge to comply with the | |