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Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS INC.
Account Number	:	I 20090000081
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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.

(a)	7901 4th St N		(b) <u>12280 S</u>	V 93 Ct	
``	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/	Mailing address of limited (Note: MAY BE POS)	
	STE 300				
	Si. Petersburg, FL 33702		Miami Fi :	33176	
	10/09/2014		L14000157	944	
	Date of filing/registration in Florida	4.		Document number	
(a)	Wells & wells, P.A.				
,	Registered Agent and Registered Office shown on the records of			ate:	
	901 Ponce de Leon Blvd.				
	901 Ponce de Leon Blvd. Registered Office Address (MUST BE FLORIDA STREE	ADDRE	<u>SS)</u>	_	
		ADDRE	<u>SS)</u>	_	
	Registered Office Address (MUST BE FLORIDA STREE) Suite 200	<i>ADDRE</i>		_	
(b)	Registered Office Address (MUST BE FLORIDA STREE) Suite 200				2024 A
(b)	Registered Office Address <u>(MUST BE FLORIDA STREE</u> Suite 200 CORAL GABLES .	L			2024 APR 2
(b)	Registered Office Address  (MUST BE FLORIDA STREET    Suite 200	L			29
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(b)	Registered Office Address  (MUST BE FLORIDA STREE)    Suite 200	L			29 PH 2:
(b)	Registered Office Address  (MUST BE FLORIDA STREET    Suite 200     CORAL GABLES     Registered Agents Inc     Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N <u>NEW</u> Registered Office Address:	L			29 Pil

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.

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	or authorized representative of a member	_

Printed or typed name of signee

**Robin Jones** 

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 at the write for the second s

wid Coeffs David Roberts - Assistant Secretary

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00