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Email Address: LUIS POLO@ESASL.COM

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**LLC REGISTERED AGENT CHANGE
ESA ELM CITY NC, 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 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. Name of the limited liability company: ESA ELM CITY NC LLC
2. (a) 765 Primera Blvd., Suite 1001
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Lake Mary, FL 32746
- (b) 765 Primera Blvd., Suite 1001
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Lake Mary, FL 32746
3. 11/21/2014
Date of filing/registration in Florida
4. L14000180699
Document number
5. (a) Lindsay Latre
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
765 Primera Blvd., Suite 1001
Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
Lake Mary, FL 32746
- (b) Luis Polo Gomez
Enter name of NEW Registered Agent and/or NEW Registered Office address:
765 Primera Blvd., Suite 1001
NEW Registered Office Address:
Lake Mary, FL 32746

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.

Luis Polo Gomez
Signature of a member 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.

Signature of Registered Agent

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

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