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

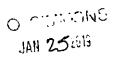
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJI	PROLEGAL SERVICES, LL	С				
	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ice Change and fe	e(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:						
Marc	us Obser					
	Name of Person					
PROI	LEGAL SERVICES, LLC					
	Firm/Company					
450 F	FAIRWAY DRIVE, SUITE 201					
	Address					
DEEF	RFIELD BEACH, FL 33441					
	City/State and Zip Code		•			
mobs	mobser@consumersag.com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Marci	us Obser	561	235-7579			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		LING ADDRESS: tration Section ion of Corporations Box 6327			
	2661 Executive Center Circle Tallahassee, Florida 32301	Fatlal	hassee, Florida 32314			
	Enclosed is a check for the following amount:					
	2 \$25 Filing Fee	\$55 1	Filing Fee & Certified Copy			

INHS18 (2/14)

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	Tame of the limited liability company: PROLEGAL	. SERVICE	ES, LLC		
2. (a)	450 FAIRWAY DRIVE	(b)	(b) 450 FAIRWAY DRIVE		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	SUITE 201	:	SUITE 201		
	DEERFIELD BEACH, FL 33441		DEERFIELD BEACH, FL 33441		
	06/22/2015	L	14000185619		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	MATIJASICH, JOSEPH P				
J. (u	Registered Agent and Registered Office shown on the records of 3045 WEDGEWOOD BLVD	of the Florida D	Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE)	T ADDRESS)	·.à		
	DELRAY BEACH, F	33445			
(b)	MARCUS OBSER		·		
	Enter name of NEW Registered Agent and/or NEW Register	ed Office addr	ESS :		
	450 FAIRWAY DRIVE		<u> </u>		
	NEW Registered Office Address:				
	SUITE 201	_ 			
	DEERFIELD BEACH . F	_L 33441			
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the companion of the comp	of the registo liability com s of the limite ne limited lia	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
provis the ob to mei	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	gree to act in te performan led for in Ch I hereby con	n this capacity. I further agree to comply with the nce of my duties, and I am familiar with and accept napter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		

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

Signature of Registered Agent