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HONORE OF SARASOTA, 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, 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.

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1. Name of the limited liability company: Honoro of Saraso	ila, LLC
 (a) Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS) 	pany: Honore of Saresola, LLC 28263 Pablo Picasso Drive Englewood, FL 34223
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Henore of Sarasota, LLC 188 Long Island Avenue Wyandanch, NY 11798
December 8, 2014	L14000187457
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:	David H. Rosenberg, Esq.
Registered Office Address:	1626 Ringling Blvd Firth Floor, Suite 500 Sarasola, FL 34236
(b) Enter name of <u>NEW Registered Agent</u> and/or	
NEW Registered Agent:	National Corporate Research, Ltd., Inc.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	155 Office Plaza Drive Tallahassee .FL 32301
If the limited liability company is not organized under confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change the members of the limited liability company or as oth the operating agreement of the limited liability company or as other perating agreement of the limited liability company. Signature of member or authorized representative of a member printed or typed name of signee.	he Florida street address of the registered office dentical. Or, in the case of a Florida limited ge(s) was/were authorized by an affirmative vote of erwise provided in the articles of organization or 1y.
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to th and I am familiar with and accept the obligations of m Chapter 605, F.S. Or, if this document is being filed to address, Thereby confirm that the limited liability com	nd agree to act in this capacity. I further agree to be proper and complete performance of my duties, by position as registered agent as provided for in the registered office

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

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