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INHS18 (2/14)

SATEMENT 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. Nai	me of the limited liability company:		yhec	~ ·- · · ·	- <u>-</u>
2. (a)		(b)			
() .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-/	_	of limited liability BE POST OFFICE	
	1434 S. Teaga Dr.		434 5.	Teaga I	Dr.
	Jupiter, FL 33458		lupiter, H		
	12-16-2014	EI	N# 4		
3.	Date of filing/registration in Florida	4.	Document n	the of i	rotice
5. (a)	Helen Dickinson Registered Agent and Registered Office shown on the records of t	he Florida Dent. of		CP 4	75 G
	regions a right and region of the shown on the records of t	no i forica Dept. of	i Suite.	TAL	₹ 5 1
	Registered Office Address MUST BE FLORIDA STREET A	(DDRESS)		LAH	JAN
	1434 S. Jeaga Dr			ASS	126 126
	1434 S. Jeaga Dr Jupiter, FL	334	58	 	R B
	•			LOR	: 38 : 38
(b) .	Enter name of NEW Registered Agent and/or NEW Registered	Office address	_ /	iō A	,
				Salou	Katy
			/	Jalon	2 Suites
	NEW Registered Office Address: Oalouz 3	wes		11300 Le	gacy ave. Suite
	11300 Legacy ave. 51	u 4 # 2	\	·	Suite
	Palm Beach Gardens , FL	3341	\	PBGJFL	33410
If the li	mited liability company is not organized under the law	vs of the State o	of Florida, it is he	reby confirmed	that after
the char agent w	age or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia	the registered or ability company	office and the bus , it is hereby con	iness office of the firmed that the	the registered change(s)
was we the artis	re authorized by an affirmative vote of the members of erganization or the operating agreement of the	f the limited lia limited liability	bility company o company.	r as otherwise j	provided in
	Jelen Wickenson	14	elen Di	ickinso ed name of signæ	n
	are of a member or authorized representative of a member				
provision the obh to mere	y accept the appointment as registered agent and agrees of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the control of this change.	ee to act in this performance of d for in Chapter hereby confirm	capacity. I furth my duties, and I r 605, F.S. Or, if that the limited li	ner agree to con am familiar wi this document iability compan	nply with the th and accept is being filed y has been
Signatur	e of Registered Agent				