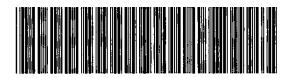
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CORETARY OF STATE
LIAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	r to the following:					
David A. Warwick						
Name of Person						
Sharon C. Warwick Group, LLC						
Firm/Company						
2908 NW 9TH Terrace						
Address						
Cape Coral, FL 33993						
City/State and Zip Code						
davidawarwick@outlook.com						
E-mail address: (to be used for future annual repo	ort notification)					
For further information concerning this matter, please	call:					
David A. Warwick 5	913-7008					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
□ \$25 Filing Fee	☑ \$55 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	ame of the limited liability company: Sharon C. W	arwick	Group, LL	.C				
			(b)					
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address	s of lim	ited liab	oility company:	
	2908 NW 9th Terrace				Note: MAY BE POST OFFICE BOX			
			2908 NW 9th Terrace					
	Cape Coral, FL 33993		Cape Co	oral, FL 33	8993			
	Jan 5, 2015		L150000	01757				
3.	Date of filing/registration in Florida	4.		Document	numbe	er		
5. (a)								
, (u)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Stat	e:				
	CORPORATION SERVICE COMPANY							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	SS)	-		20		
	1201 HAYS STREET					2016 F		
	TALLAHASSEE , FI	3230	1	- -	ETARY EASSI	FEB - 1		
/ LX					4.05 40.74	_ ס		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_	STA	<u>i</u>	Ų	
	5.1.45.4.14.5.44.64				PE PE	00		
	DAVID A WARWICK			_			5	
	NEW Registered Office Address:							
	2908 NW 9TH TERRACE			_				
	CAPE CORAL , FI	3399	3					
the cha agent v was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	ws of the fithe registry of the li	e State of Flance sistered office company, it is mited liabilit	e and the busis hereby cor by company o	siness ifirme	office d that	of the registered the change(s)	
	and a Wasurck	D	AVID A. W	ARWICK				
(Signa	ture of a member or authorized representative of a member		Printed or typed name of signee					
provis the ob to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a perfor d for in hereby	ct in this cap mance of my Chapter 603 confirm that	pacity. I furth duties, and i 5, F.S. Or, i the limited l	her ag I am fa f this d liabilit	gree to amilian docume ty comp	comply with the r with and accep ent is being filed pany has been	
Signati	urid G. Claurick ure of Registered Agent							