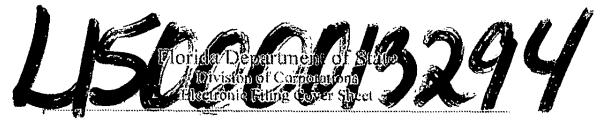
Division of Corporations

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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. N	ame of the limited liability company: Tango Victor,	LLC						
2. (a)	3500 SW Centre Court		(b) 3500 SW Centre Court					
(-)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	\	· ,	٨	Asiling address (Note: MAY	of limited lin		
	Palm City, FL 34990	_	Pa	ılm Cit	y, FL 349	90		 ~_
	January 22, 2015			500001	13294			
3.	Date of filing/registration in Florida	4.		<u>-</u>	Document r	ıumber		
5. (a)	Marc I. Levine							
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET)		·	i. of State	·!			
	2100 SE Ocean Blvd.	INKVES	<u> </u>			₹	~3	
		3499	94			ECRETARY LLAHASSEI	2015 SEP	नौ
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ffice address:			RY OF STATE SEE, FLORID	5 7 =	
	NEW Registered Office Address:					<u>ੂ</u> ਜ	3 2	
	3500 SW Centre Court							
	Palm City , FL	3499	0					
agent v	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ibility c If the lir	ompa nited	ny, it is liability	hereby cont company o	firmed that	the cha	nge(s)
		Marc I. Levine, Manager						
I here provisi the obl to mer notified	ture of a member or buthorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the proper address, I have the proper address, I have the proper address of the change in the registered office address.	ee to ac perforn i for in hereby c	et in th tance Chap confir	iis capa of my d ter 605, m that i	Printed or type scity. I furth luties, and I F.S. Or, if he limited li	_	•	y with the ind accept eing filed as been
Signatu	re of Registered Agent , Marc 1. Levine							

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