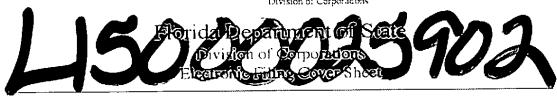
Date: 04/17/19 Time: 9:45 AM Page: 01/02 To: 18506176383 From: 12147128131

4/17/2019

Division of Corporations



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(((H190001264573)))



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Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LLC REGISTERED AGENT CHANGE AGA WEST, LLC Certificate of Status Certified Copy 01 Page Count

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To: 18506176383 From: 12147128131 Date: 04/17/19 Time: 9:45 AM Page: 02/02

(((H19000126457 3)))

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.	Name of the limited liability company: AGA WEST,	LLC			
			(b)	Mailing address of imited liability company	
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	141 NE 3RD AVENUE		210	41ST STREET SUITE 202	
		_			
	MIAMI, FL 33132		NEV	W YORK, NY 11232	
	02/11/2015		L150	00025902	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a)				
,	Registered Agent and Registered Office shown on the records of	the Flor	da Dept. o	of State.	
	AMERICAN SAFETY COUNCIL, INC.				
	Registered Office Address MUST BE FLORIDA STREET	ADDRE.	<u>(2,2)</u>		
	5125 ADANSON ST., SUITE 500				
	ORLANDO , FL	3280	4		
(l	o)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u>				
	LEGALINC CORPORATE SERVICES INC.			AN THE SECOND	
	NEW Registered Office Address. 5237 SUMMERLIN COMMONS, SUITE 400				
	FORT MYERS, FI	3390	7		
the cagen	c limited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	the repaid the limited	gistered compan imited li I liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in	
- 8:8	nature of a member or authorized representative of a member			Printed or typed name of signee	
I he prov the c to m notij	reby decept the appointment as registered agent and agissions of all statutes relative to the proper and complete obligations of my position as registered agent as provide erely reflect a change in the registered office address, I seed in writing of this change.	ree to a perfor d for u hereby	ict in thi mance o i Chapte confirm	es capacity. I further agree to comply with the	

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