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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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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.

. (a)		(b)	Mailing address of limited 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)
	150 NW (68TH STREET, SUITE 200		150 NW 168TH STREET, SUITE 200
	NORTH MIAMI BEACH, FL 33169	<u> </u>	NORTH MIAMI BEACH, FL 33169
	02/16/2015	L	15000029199
	Date of filing/registration in Florida	4.	Document number
(a)			
(-)	Registered Agent and Registered Office shown on the records o	f the Florida D	Dept. of State:
	RA SYSTEMS, LLC		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	300 71ST STREET, SUITE 620		
	NORTH MIAMI REACH	22141	
(b)	NORTH MIAMI BEACH , F		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u> C T Corporation System	ed Office neddr	<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u> C T Corporation System <u>NEW Registered Office Address</u> ;	ed Office neddr	<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u> C T Corporation System	ed Office addr	· · · · · · · · · · · · · · · · · · ·
	Enter name of NEW Registered Agent and/or NEW Registered C T Corporation System NEW Registered Office Address; 1200 South Pine Island Road Plantation	od Office uddr	<u> </u>
f the he ch gent was/whe art	Enter name of NEW Registered Agent and/or NEW Registered C T Corporation System NEW Registered Office Address; 1200 South Pine Island Road	aws of the Sof the register to the limited lim	State of Florida, it is hereby confirmed that after ered office and the business office of the registe onpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.

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