1/22/2020

Division of Corporations

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## LLC REGISTERED AGENT CHANGE GO WEST SERVICE GROUP, LLC

Certificate of Status	0
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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.

ı. N	ame of the limited liability company: Go West Serv	ice Group, LLC	
2. (a)	340 Corporate Way Suite 300 Orange Park, FL 32073	(b) 3	40 Corporate Way Suite 300 Orange Park, FL 32073
., (.,,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/25/2015		5000052840
	Date of filing/registration in Florida	4.	Document number
	Hill, Alexandria V		
. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dep	SECRETAR OF STAT
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	340 Corporate Way Suite 300		57 2 万
	Orange Park	FL_32073	
(b)	CT Corporation System	<del>.,</del>	2: 53 FL
(17)	Enter name of NEW Registered Agent and/or NEW Register	red Office address	i:
	NEW Registered Office Address:		
	1200 South Pine Island Road		· • • • • • • • • • • • • • • • • • • •
	Ptantation	33324 FL	
* • L • !		lancar - Caba Care	es of Classida. It is brought confirmed that offer
e cha gent v as/we	mited liability company is not organized under the nge or changes are made, the Florida street address fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member	of the registere liability compa s of the limited	d office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
e arii	cles of organization or the operating agreement of the	he limited liabil	lity company.
Menh	ng of a number or authorized representative of a member	_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Printed or typed name of signee
() 7 heret ovisi	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple gations of my position as registered agent as provid by reflect a change in the registered office address,	ile performance	his capacity. I further agree to comply with the
mere nifica	In writing of this change.  CT Corporation System  Note to the state of the state o	Thereby congr.	m inal the limited libelity company has been

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