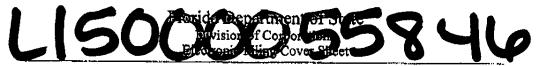
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(((H15000226871 3)))



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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.

ty company; Mailing address of limited liability company;	Principal office address of limited liability company; (Note: MUST RE STREET ADDRESS)
343 Passage Lane Franklin, TN 37064	
	343 Passage Lane
L15000055846	Franklin, TN 37064
	March 30, 2015
orida 4. Document number	Date of filing/registration in Florida
in the records of the Florida Dept. of State:	Registered Agent and Registered Office shown on the records of
	Patrick Chisholm
RIDA STREET ADDRESS)	Registered Office Address (MUST BE FLORIDA STREET
	2460 Forest Club Drive
FL 32804	Orlando
FL 32804 TALLAHA	
	Enter name of NEW Registered Agent and/or NEW Registered
IEW Registered Office address:	Enter name of NEW Registered Agent and/or NEW Registers
	Dean Mead Services, LLC
98 9 9 9 9 9 9 9 9 9 9	NEW Registered Office Address:
1500 西治 - ム	800 N. Magnolia Avenue, Suite 1500
_{FL} 32803	Orlando
Patrick Chisholm Printed or typed name of signes agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and accept that as provided for in Chapter 605, F.S. Or, if this document is being filed the address, I hereby confirm that the limited liability company has been	inge or changes are made, the Florida street address of a Florida limited will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the florida member or authorized representative of a member by accept the appointment as registered agent and as one of all statutes relative to the proper and completingations of my position as registered agent as provided in writing of the change. Vice President
<u>President</u>	re of Registered Agent MEAD SERVICES, LLC

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

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