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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,

L N	MS ADMINISTRA	TIVE SERVICES - ORA			
2. (a)	6240 LAKE OSPREY DRIVE	(b) 624	(b) <u>6240 LAKE OSPREY DRIVE</u> Mailing address of limited fiability company: (<u>Nuls: MAY BE POST OFFICE BOX</u>)		
L . (11)	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)				
	SARASOTA, FL 34240	571	RASOTA, FL 34240		
	04/08/2015	L150	00062001		
3. 5. (а	Date of filing/registration in Florida RUSSELL ALLEN	4.	Document number		
(b)	Registered Agent and Registered Office shown on the records 6240 LAKE OSPREY DRIVE	s of the Florida Dept.	of State:		
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS]</u>			
	SARASOTA	FL	2023		
	C T Corporation System				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:	1023 NOV-G PH 2:		
	NEW Registered Office Address:		\sim		
	1200 South Pine Island Road		œ		
	Plantation	33324			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Liva Crass

Signature of a member or authorized representative of a member

Printed or typed name of signee

KARA KOROSEC, MANAGER

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is heing filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. By: CT Corporation System

Signature of Registered Agent SEANL EMERICK, ASSISTANT SECRETARY

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