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1/12/2018

Division of Corporations

## Florida Department of State **Division of Corporations** Electronic Filing Cover Sheet

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JAN 1 2 2018

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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: LYFISG	OOD, L	LC				
2. (a	1904 NUM LIG 10	(b) 5	5898 N ROSE		D DR		
<b>2</b> . (0	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	. ()	Mailing odd		ed hability		
	SUITE 331	E	BEVERLY HI	LLS, FL	. 3446	5	
	CRYSTAL RIVER, FL 34428	 			<b>.</b>		
	04/10/2015	Ľ	 1500006359	3			_
3.	Date of filing/registration in Florida	4	Docume	nt number			-
5. (	a) AUBER. ROBB						
•••	Registered Agent and Registered Office shown on the records of	of the Florida U:	ept of State				
	5898 N ROSEWOOD DR	i					
	Registered Office Address (MUST BE FLORIDA STREE	<u>T ADDRESS)</u>					
	BEVERLY HILLS			:		ال <b>18</b>	
đ	"Registered Agents Inc.	v				JAN 12	FILED
	Enter name of NEW Registered Agent and/or NEW Register	<u>ed Office addre</u>	<u>'5N</u> :				[747] 
	3030 N. Rocky Point Dr.	-			EL ORI	AH 8	U
	NEW Registered Office Address:					39	
	STE 150A						
	Tampa	33607					
the c agen was/	e limited liability company is not organized under the l hange or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	of the registe Hability com s of the limity	red office and the pany, it is hereby- d liability compar	business c confirmed	office of that the	the re chan <u>s</u>	gisterec ge(8)
	Rilling Tark	Riley					
Sig	mature of a member or authorized representative of a member		Printed o	typed name	of signee		

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 being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified by provided by this change.

Bel Hame	Bill Havre	- Assistant Secretary
Signature of Registered Agent		

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