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M. SOLOMON

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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.

1. N	ame of the limited liability company: GHOST CONT	TROLS, LLC		_
2. (a)	3166 Hartsfield Road, TALLAHASSEE, FL 32303			_
	Principal office address of Immed liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
				_
	04/15/2015		50000en05	
3.	Date of filing/registration in Florida	— _{4.} —	Document number	
5. (a)	Rapacke, Andrew S. Esq.			
(,	Registered Agent and Registered Office shown on the seconds of the Florida Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREE 3750 Birch Terrace	.	2024 FE8	
	Davie		Ε8 22	٠,
(b)	C T Corporation System		; ; 10	i i
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address	→ · · · · · · · · · · · · · · · · · · ·	C
	NEW Registered Office Address			
	1200 South Pine Island Road	·		
	Plantation	T. 33324		
the cha agent v was/we the arti	imited liability company is not organized under the lunge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the organization or the operating agreement of the organization or authorized representative of a member	aws of the Stat of the registere liability compo s of the limited he limited liabi	ate of Florida, it is hereby confirmed that after ed office and the business office of the registered pany, it is hereby confirmed that the change(s) d hability company or as otherwise provided in	d
provisi the obl to mere notifice	by accept the appointment as registered agent and a ons of all statutes relative to the proper and complet igations of my position as registered agent as provia ely reflect a change in the registered office address, I in writing of this change. CT Corporation System	te nectarmanes	and mire duting and I am familian with and accom	. /
By: Signatu	re of Registered Agent			