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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LLC REGISTERED AGENT CHANGE Ġ SEDOC, LLC Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$25.00

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COVER LETTER

	tion Section of Corporations								
SUBJECT:	SEDOC, LLC								
Name of Limited Liability Company									
Dear Sir or Mad	am:								
The enclosed Re	gistered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.						
Please return all	correspondence concerning	g this matter to th	e following:						
JEROME SUI	LLIVAN								
	Name of Person								
	Firm/Company								
784 S CLEARV	VATER LOOP								
	Address								
POST FALLS.	ID 83854								
	City/State and Zip Cod	le							
filings@register	redagentsinc.com								
E-mail add	ress: (to be used for future	annual report not	ification)						
For further infor	mation concerning this mat	ter, please call:							
Jerome Sullivan		509 at (768-22 4 9						
ì	Name of Person		Area Code & Daytime Telephone Number						
Registra Division P.O. Bo	Address: ation Section of Corporations x 6327 ssee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed	d is a check for the follow	ing amount:							
□ \$25 F	iling Fee	٥	\$55 Filing Fee & Certified Copy						

INH\$18 (2/14)

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.

. (a)	6922 W. LINEBAUGH AVENUE. SUITE 101		(b)	160	16050 TUSCANY HILLSIDE RD			
. ,				Mailing address of limited liability company:				
	TAMPA, FL 33625				(Note: MAY BE POST OFFICE BOX) ESSA, FL 33556			<u>9X</u>)
	04/17/2015			L150000	67459			
	Date of filing/registration in Florid	da	4.		Document nun	nber		
(a)	UNITED STATES CORPORATION AGE	ENTS, INC.						
(4)	Registered Agent and Registered Office shown on the	he records of t	he Florida D	nat of Ctut	_			
		ic records or t		cpt. or stat	e:			
	476 RIVERSIDE AVE.	ic records or t	_	ept. or stat	e:			
	476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORID	. <u>-</u>		ept. or stat	e: -	dans - T		
		DA STREET A		ept. or Stat	e: - -	5 .	2023 F	
(b)	Registered Office Address (MUST BE FLORID	DA STREET A	ADDRESS)	ept. or Stat	e: -	3	2023 FFB 2 I	- · ·
(b)	Registered Office Address (MUST BE FLORID) JACKSONVILLE	A STREET A	32202		e: - -		2023 FFB 2 P	
(b)	Registered Office Address (MUST BE FLORID) JACKSONVILLE REGISTERED AGENTS INC	A STREET A	32202		e: - -	West of the state	2023 FFB 2 PM 12:	: 11.70
(b)	Registered Office Address (MUST BE FLORID) JACKSONVILLE REGISTERED AGENTS INC Enter name of NEW Registered Agent and/or NEW	A STREET A	32202		e: - -	19 Control of Francisco	2023 FFB 2 PM I2: S	: iL(, b
(b) .	Registered Office Address (MUST BE FLORID) JACKSONVILLE REGISTERED AGENTS INC Enter name of NEW Registered Agent and/or NEW 7901 4TH ST N	A STREET A	32202		e: - -	19 Contract Flority		: ::

of organization or the operating agreement of the limited liability company.

Signature of a member of authorized representative of a member MICHAL JEDRZEJCZAK / AMBR Printed or 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 in writing of this change.

David Roberts David Roberts/Assistant Secretary Signature of Registered Agent