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COVER LETTER

TO: Registration Section

Division of Corporations							
Center State Operations, LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this ma	atter to the following:						
Jonathan J. Ellis							
Name of Person							
Shumaker, Loop & Kendrick, LLP							
Firm/Company							
101 E. Kennedy Blvd., Suite 2800							
Address							
Tampa, FL 33602							
City/State and Zip Code							
jellis@shumaker.com							
E-mail address: (to be used for future annual r	eport notification)						
For further information concerning this matter, plea	ise call:						
Jonathan J. Ellis	813-229-7600						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amo	ount:						
S25 Filing Fee	S55 Filing Fee & Certified Copy						
INHS18 (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.

Name of the limited liability compa	ny: Center State	e Operat	ions, LLC				
(a) 5970 NW 18th Place		()	5970 N	W 18th place			
Principal office address of limite (Note: MUST BE STREE				Mailing address of (Note: MAY B)	f limited liability E POST OFFIC		
Ocala, FL 34482		-	Ocala, F	FL 34482			
01/29/2015			L150000	75661			
Date of filing/registratio	n in Florida	4,		Document nui	mber		
Bradford J. Tropello, Esqui	re						
Registered Agent and Registered Office 4 SE Broadway Registered Office Address (MUST B	BE FLORIDA STREET		· 	-			
Ocala		34471		<u>.</u>			
Jonathan J. Ellis					· 系统	22.28	
Enter name of <u>NEW Registered Agent</u>	and/or <u>NEW Registers</u>	ed Office ad	dress:	_	<u> </u>	onia mar	ا ق مسيو
101 E. Kennedy Boulevard				_	3355¥	9	
NEW Registered Office Address:					بست: رس و شمو رس و شمو	T	۲.,
Suite 2800				_	84	89	
Татра	, F	L_33602		_	39	6	
Ilimited liability company is not org hange or changes are made, the Flor will be identical. Or, in the case of were antiporized by an affirmative verticly of organization or the operati	ganized under the la rida street address of f a Florida limited lote of the members ing agreement of th	aws of the of the regiliability control of the linge limited	State of Flo stered office ompany, it is sited liability liability con	e and the busing s hereby confir y company or a npany,	ess office of t	he regi. :hange(stere (s)
nature of Amember or Authorized representa	tive i a menitier	- Chi	ristopher E	3. Zacco Printed or typed	name of signee		
reby accept the appointment as regi- isions of all statutes relative to the obligations of my position as register orely reflect a change in the register ied in writing of this change	stered agent and ag proper and complet	'e nertorm	ance of mv .	acity. I further duties and Lan	agree to com	h mdz	7/1/1/21
ature of Registered Agent	/						
Division of Co	orporations• P.O. FILING 1			see, FL 32314			