

5/2/2019

Division of Corporations

Florida Department of State  
 Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA00000023  
 Phone : (614)280-3338  
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APPROVED AND FILED  
 2019 MAY -3 AM 10:54  
 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS

**LLC REGISTERED AGENT CHANGE  
 ECLIPSE STRATEGICS, LLC**

Certificate of Status	0
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Page Count	02
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T GLASS  
 MAY 06 2019

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. Name of the limited liability company: ECLIPSE STRATEGICS, LLC

2. (a) ECLIPSE STRATEGICS, LLC Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5916 Stone Creek Drive STE 120 THE COLONY TX 75056 (b) ECLIPSE STRATEGICS, LLC Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 5916 Stone Creek Drive STE 120 THE COLONY TX 75056

3. 06/11/2018 Date of filing/registration in Florida 4. L15000080845 Document number

5. (a) InCorp Services, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 17888 67th Court North Loxahatchee, FL 33470

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road Plantation, FL 33324

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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.

Signature of a member or authorized representative of a member PAUL O'BRIEN 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 603, 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.

By: C T Corporation System Peter Trawinski Assistant Secretary

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