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APR 21 AM 8: 51

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DEPARTMENT OF STATE

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE :, 605298 813447

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: April 18, 2017

ORDER TIME : 3:34 PM

ORDER NO. : 605298-005

CUSTOMER NO: 8134479

CHANGE OF AGENT

NAME: NAMECORP LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

'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.	Na	me of the limited liability company: NAMECORP L	.LC		
2	(a)	32 SE 2ND AVENUE	(b	,	32 SE 2ND AVENUE
	(44)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0	·, -	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		505		_	505
		DELRAY BEACH, FL 33444		_	DELRAY BEACH, FL 33444
		05/15/2015			L15000086419
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	ALAN DUNN			
		Registered Agent and Registered Office shown on the records of the	he Florida	a D	Dept. of State:
		32 SE 2ND AVENUE			
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>S)</u>	
		505			三
		DELRAY BEACH . FL	33444	4	APR 21
	(b)	Corporation Service Company			AN 8: 50
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	ess:		
					5
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee, FL	32301	1	
th ag w	e cha gent v as/wo	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regi bility of f the lin limited	on nit lia	ered office and the business office of the registered npany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in ability company.
_	Signa	ture of a member of authorized representative of a member	Ala		Dunn, Member Printed or typed name of signee
I pi tli to no	here rovisi e obl per onfie	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provided by reffect a change in the registered office address, I have the control of this change.	ee to ac perform I for in iereby c	t i nar Cl cor	**
S	igratu	re of Registered Agent Corporation Service Company	BY:	<u> </u>	Lydia Cohen
		Division of Corporations P.O. E	3ox 632	7.	Asst. Vice President Tallahassee, FL 32314

FILING FEE: \$25.00