U500089489

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(Cit	y/State/Zip/Phone	= #)		
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SEP 03 2015



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Christopher Masker christopher.masker@cscglobal.com

Date: August 28, 2015

Order#: 765067/004

Re: AMZAK YBOR CITY, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Christopher Masker

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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	nme of the limited liability company: AMZAK YBC	OR CITY, LLC	
2. (a)	980 NORTH FEDERAL HIGHWAY SUITE 315 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	BOCA RATON FL 33432		
	05/20/2015		15000089489
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	T & S REGISTERED AGENTS, LLC		-
	Registered Agent and Registered Office shown on the records	s of the Florida Dep	ot. of State:
	925 S. FEDERAL HIGHWAY		<u> </u>
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
			2015 SEC
	BOCA RATON ,	FL <u>33432</u>	≥≈
(b)	Corporation Service Company		#\text{#} \text{#} \text{#} \text{#} **
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office address	FLOSTA
	1201 Hays Street		£ ± ω
	NEW Registered Office Address:		× v
	Tallahassee,	FL_32301	
the cha agent was/w	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of a garagement of	s of the registered liability comports of the limited the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
Signa	ture far inber or authorized representative of a member		Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address a mariting of this change. The of presistered Agent Corporation Service Company	lete performance ided for in Cha is, I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been a Queppet, Asst. Vice President

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