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Account Number : I20150000059 Phone : (727)362-6151

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LLC REGISTERED AGENT CHANGE EE 1111 CENTRAL AVE HOLDING LLC

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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.

۱.	Na	me of the limited liability ed	ompany: <u>EE 1111 Ce</u>	entral Ave	Holding LLC		
2.	(a)	Principal office address o	Climited liability company	(b)	Mailing addre	ss of limited liability company:	
			STREET ADDRESS			Y BE POST OFFICE BOX)	
		1114 Central Ave, Suite F			1114 Central Ave, Suite F		
		ST PETERSBURG, FL 33	705	ST PETERSBURG, FL 33705			
		06/22/2015		_	L15000106434		
3.		Date of filing/regis	tration in Florida	4.	Document	number	
5.	(a)	CORPORATION SERVIC	E COMPANY				
۷. ((24)	Registered Agent and Registered	Office shown on the records of	f the Florida l	Dept. of State:		
		Registered Office Address (M	UST BE FLOKIDA STREET	ADDRESS)			
		1201 HAYS ST					
		TALLAHASSEE	, F	L <u>32301</u>		##. 18	
	(b)	ELLISON & LAZENBY, I				18 DEC 10 AH 8: 55	
		Enter name of NEW Registered	Agent and/or NEW Registere	d Office udd	ress)	SS	
		200 CENTRAL AVENUE				AH 8	
		NEW Registered Office Address	:			95. 5	
		SUITE 1850					
		ST. PETERSBURG	, F	1 33701			
th ag	e cha jent v	imited liability company is r inge or changes are made, th vill be identical. Or, in the c ere authorized by an affirma cles of organization or the c	not organized under the late Florida street address chase of a Florida limited late you of the members	nws of the lot the regis liability color the limited limited li	tered office and the bi mpany, it is hereby co ted liability company ability company.	usiness office of the registered on the change(s) or as otherwise provided in	
Signature of a member or authorized representative of a member			<u>W</u>	WILLIAM G. LAZENBY, ESQ. Printed or typed name of signee			
I prother to	here wist e obt men stifte	by accept the appointment a	s registered agent and ag the proper and completed the proper and completed agent as provide	a parjorma led for in C	in this capacity. I fur nee of my duties, and hapter 605, F.S. Or.	ther agree to comply with the I am familiar with and accep if this document is being filed	