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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.

(a)	Principal office address of limited liability company:		Mailing address of limited liability company:	
	(<u>Note: MUST BE STREET ADDRESS</u>)		(<u>Note: MAY BE POST OFFICE BC</u>	<u>9x</u>)
			 L15000106749	
	Date of filing/registration in Florida		Document number	
(a)	BRATZ, TIMOTHY			
(a)	Registered Agent and Registered Office shown on the record	ds of the Florida	a Dept. of State:	
	3250 NE Candice Avenue			
	Registered Office Address (MUST BE FLORIDA STR)	EET ADDRESS	<u>\$)</u>	
	Jensen Beach	, _{FL} 34957	7	
b)	Registered Agents Inc.		MOZZ SEP 13 SECRETARY ALL AHASS	
	Enter name of NEW Registered Agent and/or NEW Regis	kdress:		
. ,	7001 445 65 11		- ILED	
. ,	7901 4th St N			
	7901 4[N St N <u>NEW</u> Registered Office Address:			
			F.S.T. 8: 58	

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.

Rilmy Tak

Riley Park

Signature of a member or authorized representative of a member

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 605, 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.

Bill Havre	 Assistant 	Secretary
Bill Havre	- Assistant	Secretary

Signature of Registered Agent

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

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