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To:	Division of Corporations	15
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	Account Name : REGISTERED AGENTS	SIC.
	Account Number : I20090000081 Phone : (307)200-2803	
	Fax Number : (855)330-1010	77
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPA! Y

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, 'he undersigned limited liability company submits the following statement in order to change its registered office or egistered agent, or both, in the State of Florida.

1. Name of the limited liability company: Imprimis	Holdings	s i LC
_{2. (a)} 1450 CLAYTON DR	(h) 145	50念LAYTON DR
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFIC ∶ BOX)
DELTONA. FL 32725	DE	LT_)NA, FL 32725
		<u>\$.</u>
07/22/2015	L150	00(125448
3. Date of filing/registration in Florida	4.	Document number
MARK BUCKLEY		
5. (a) Registered Agent and Registered Office shown on the records of	of the Florida Dept.	of Strie:
1450 CLAYTON DR		
Registered Office Address (MUST BE FLORIDA STREET	FADDRESS)	
		t re
DELTONA	_{1.} 32725	
DELIGINA	7_02720	
(b) Registered Agents Inc.		
Enter name of NEW Registered Agent and/or NEW Register	ed Office address:	
7001 4th Ct N		2920 OCT 11 PI
7901 4th St N		
NEW Registered Office Address:		
STE 300		——————————————————————————————————————
St. Petersburg	_{-L} 33702)
If the limited liability company is not organized under the the change or changes are made, the Florida street address agent will be identical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the	of the registered liability compans of the limited li ne limited liabili	off of and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company.
Riber Tark	Riley Pa	Printed or typed name of signee
Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, notified in writing of this change. Bill Havre - Assistation - Assistatio	te perjormance a ded for in Chant	is cc acity. I further agree to comply with the of mediates, and I am familiar with and accept or 6.3. F.S. Or, if this document is being filed