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To:	Division of Con	rporations	,		
	Fax Number	: (850)617-6383	~	Ģ	
From:				<u>N</u>	
Frum.	Account Name	: CAPITOL CORPORATE SERVICES, INC.	.	·	
	Account Number			\sim	r-
	Phone	: (800)345-4647	•		ş
	Fax Number	: (800)432-3622	· · ·	Ha	ſ
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CAPITOL SERVICES

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STATEMENT OF CHANCE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Fla submits the following statement in order to change its register Florida. 1821 BLANDING	ed office of registered agen, or own, in the title of
I. Name of the Limited Liability Company:	
2. (a) 2911 Turtle Creek Blvd	(b) 2911 Turtle Creek Blvd
2. (1) DOTT POINT OF STREET ADDRESS (Note: MUST BE STREET ADDRESS)	Mailing address of limitad liability company: (<u>Note: MAY BE POST OFFICK BOX</u>)
Suite 450	Suite 450
Dallas, TX 75219	Dallas, TX 75219
9/2/2015	L15000150763
3. Date of filing/registration in Florida 4	Document number
5. (a) Milam Howard Nicandri Giliam & Renner, P.A. Registered Agent and Registered Office shown on the records of the F	loride Dept. of State:
14 East Bay Street	¬
Registered Office Address (MUST BE FLORIDA STREET ADD.	
Jacksonville, FL_32	<u>2202</u>
(b) Capitol Corporate Services, Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Off</u>	ce address;
515 East Park Avenue 2nd Fl	
NEW Registered Office Address:	
Tallahasseo, FL_3	2301
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liabil was/were authorized by an affirmative vote of the members of th the articles of organization or the operating agreement of the limit	ity company, it is hereby confirmed that the change(s) limit is the limit of the confirmed that the change(s) limit de limit of the company or as otherwise provided in
Kennoth Powell	Kenneth Powell
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 i provisions of all statutes relative to the proper and complete per the obligations of my position as registered ogent as provided fo to merely reflect a change in the registered office address. I here notified in writing of this change.	o act in this capacity. I further agree to comply with the formance of my dities, and I am familiar with and accept r in Chapter 605, F.S. Or, if this document is being filed thy confirm that the limited liability company has been
Jason Fis	scher, Assistant Secretary on
	Capitol Corporate Services, Inc.
Division of Corporations• P.O. Box FILING FEE	: \$25.00

INHS18 (2/14)

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