Division of Corporations **Electronic Filing Cover Sheet**

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(((H17000154401 3)))



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Division of Corporations

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Account Number : I20160000048

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H 170001544013

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

submit Florid	ts the following statement in order to change its re		e State of
	me of the Limited Liability Company:	ERV, LLC	
2. (a)	13101 Telecom Drive Principal office address of limited liability company:	(b) 13101 Telecom Dríve Mailing address of limited liability cor	moeny:
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE E	
	Ste 100	Ste 100	
	Tampa, FL 33637	Tampa, FL 33637	
	09/16/2015	L15000154944	
3.	Date of filing/registration in Florida	4. Document number	
5. (a)	Carl W Guldice		
	Registered Agent and Registered Office shown on the records of	f the Flarida Dept. of State:	
	155 Office Plaza Dr A	ADDRESS	
	Registered Office Address (MUSI BE FLORIDA STREET	ADDRESS	
	Tallahassee	L_32391	
		Ęć.	Ħ
(b)	Capitol Corporate Services, Inc.	A ST	E 1227
	Enter name of NEW Registered Agent and/or NEW Registered	A Unice Mares:	- 400
	155 Office Plaza Dr Ste A	SE SE	0
	NEW Registered Office Address:		
	Tallahessee . FI	L_32301	₽,
the cha	imited liability company is not organized under the la ange or changes are made, the Florida street address of	if the registered office and the business office of the	registered
agent v	will be identical. Or, in the case of a Florida limited li	iability company, it is hereby confirmed that the cha	ange(s)
the arti	ere authorized by an affirmative vote of the members of incles of organization or the operating agreement of the	of the limited hability company of as outerwise pro-	AIGEG ID
C'	· ~]/_	Carl Guidice	
	ture of a member or authorized representative of a member	Printed or typed name of signes	
I here provisi the obi to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ety reflect a change in the registered affice adaress, I d in writing of this change.	ree to act in this capacity. I further agree to comple e performance of my duties, and I am familiar with a ed for in Chapter 605, F.S. Or, if this document is b hereby confirm that the limited liability company h	y with the and accept eing filed as been
	<u> </u>	ie Case, Assistant Secretary on	
Signatu	ro of Registered Agent behalf	f of Capitol Corporate Services, Inc.	
		Box 6327 Tallahassee, FL 32314 FEE: \$25.00	

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