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November 25, 2015

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is $1-800-235-0337 \times 110$

Sincerely,

Jill Probst Corporate Services Department National Service Information, Inc 145 Baker St Marion, Ohio 43302

Affiliate - National Registered Agents, Inc.

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.

	ited liability company:	ity Beach Ver				
. (a) 5391 Lakewoo	od Ranch Blvd., Suite 100		(b) 5391 Lakewood Ranch Blvd., Suite 100			
Principa	d office address of limited liability compa lote: MUST BE STREET ADDRESS)	any:	\ '\ <u></u>	Mailing address of	limited liability company: POST OFFICE BOX)	
Sarasota, FL	34240		Sara	asota, FL 34240		
September 28	, 2015		L150	000165172		
Date	of filing/registration in Florida	4.		Document nun	nber	
. (a) Robert F. Gre	ene, Esq.					
	nt and Registered Office shown on the reconct of Address (MUST BE FLORIDA ST					
Bradenton		, FL ³⁴²⁰	5		~~. ~	
(b) NRAI Service					15 DEC	
Enter name of 1	YEW Registered Agent and/or NEW Re	gistered Office	nddress:		3883 F.A.	;;;
NEW Register	ed Office Address:				FLOW	
1200 South	Pine Island Road				그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그 그	•
Plantation		, FL_ ³³³²	4		0 o	`
ne change or change gent will be identic vas/were authorized	y company is not organized under es are made, the Florida street add al. Or, in the case of a Florida lin by an affirmative vote of the mer zation or the operating agreement	fress of the r nited liability mbers of the	egistered / compai limited l	d office and the busing ny, it is hereby confin liability company or a	ess office of the regist med that the change(s	ered)
Inn.	× 22	1	Kim Guzz	zo		
	or authorized representative of a membe			Printed or typed	-	41
U	appointment as registered agent of utes relative to the proper and conversely position as registered agent as plange in the registered office additions change.				agree to comply with n familiar with and ac is document is being f illity company has bee	tne cept iled n

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