Division of Corporations

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LLC REGISTERED AGENT CHANGE 2INFINITY FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

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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.

1. Na	ame of the limited liability company; 2INFINITY FLO	RIDA, LLC		
2. (a)	86 N University Ave	(b) \$6 N University Ave		
2. (u _j	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)	
	Suite 350	Suite 350		
	Provo, UT 84601	Provo. UT 84601		
	11/03/2015	L15000180	5619	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	COGENCY GLOBAL INC.			
). (a)	Registered Agent and Registered Office shown on the records of 115 North Calhoun Street	nte:		
	Registered Office Address (MUST BE FLORIDA STREET) Stite 4	ADDRESS)		
(b)	Tallahassee . FL	32301		
	C T Corporation System		2025 . Section	
	Enter name of NEW Registered Agent and/or NEW Registered	FILE 1025 JAN 31 SECRITARY ALLARASCEI		
	NEW Registered Office Address:			
	i 200 South Pine Island Road	- 80 :6		
	Plantation . FL	33324		
the changent was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	vs of the State of F the registered offic ability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
/s/K	aren Luey	Karen Lucy		
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi The obl To merc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. It is muriting of this change. CT Corporation System	performance of my	duties, and Lam familiar with and accep-	
	re of Repistered Agent SEAN LEMERICK, ASSISTANT SECRETARY			