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DIVISION OF COM CHARLENS

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 Fiorida.

	ame of the limited liability company: 822 N. A1A Hwy. #310, Ponte Vedra, FL 32082	(b) 8	822 N. AIA Hwy. #310, Ponte Vedra, FL 32082	
(8)	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	(0)	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
	11/05/2015		5000188876 Document number	
	Date of filing/registration in Florida	₩.		
(a)	Corporation Service Company			
	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of state:	
	1201 Hays Street, Tallahassee, FL 32301-2525	ADDRESC)	Sict. NO.	
	Registered Office Address (MUST BE FLORIDA STREET	APPRESSI	9 7	>
			ept. of State: 17 AUG 21 17 AUG 21 18 COM OF COM CANALING	-
	, FI	- <u></u> -		Ī
			변. · 원.	ب
(b) .	Emer name of NEW Registered Agent und/or NEW Registered	Office addres		¥
			ζ,	
	C T Corporation System			
	NEW Registered Office Address:			
	1200 South Pine Island Road	_		
	Plantation, FI	33324		
cha ent w	mited liability company is not organized under the lange or changes are made, the Florida street address or ill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members coles of organization or the operating agreement of the all Goldatain	t the register ability comp of the limited limited liab	pany, it is hereby confirmed that the change(s) it liability company or as otherwise provided in	10
Signat	in of Anomber or authorized representative of a member		Printed or typed name of signee	
herel	on uccept the appointment as registered agent and aging of all statutes relative to the proper and complete leations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act in performanced for in Cha	this capacity. I further agree to comply with a ce of my duties, and I am Jamiliar with and acc upter 605, F.S. Or, if this document is being fu	the ep leu

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