Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190000668723)))



H190000668723ABC6

To:			
	Division of Corporations Fax Number : (850)617-6	5383	
From:			
	Account Name : REGISTERED Account Number : I200900000		
	Phone : (307)200-2 Fax Number : (855)330-3	2803	19 12:
	rax indimber : (033)330	1010	
*Enter the	email address for this busine	ess entity to be us	sed for future
annual	report mailings. Enter only	one email address	please
Email	Address:		
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	LLC REGISTERED AG	ENTCHANCE	A 35
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	RESPONDER VENTU	RES FL, LLC	a
	Certificate of Status	0	<u> </u>
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	Estimated Charge	\$25.00	J
	Estimated Charge	\$25.00	1

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compubmits the following statement in order to change its registered office or registered agent, or both, in the Stat Florida.

I. Na	ame of the limited liability company:	SPONDE	ER	VENTURE	S FL, LLC	
2. (a)	500 S. Australian Avenue		(b	500 S. Austral	ian Avenue	
(a <i>)</i>	Principal office address of limited liability c (Note: MUST BE STREET ADDRE		(**,	Mailing addre	ess of limited liability company: AY BE POST OFFICE BOX)	
	Suite 523			Suite 523		
	west palm beach, FL 33401		-	west palm beach, FL 33401		
	11/17/2015			L15000194516		
3.	Date of filing/registration in Flori-	da 4.	_	Documen	t number	
5. (a)	GY CORPORATE SERVICES, INC	· ·				
J. (a)	Registered Agent and Registered Office shown on the		orida	Dept. of State:		
	600 BRICKELL AVENUE, SUITE 3500					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			1	B 27	
	MIAMI	. FL 331	 L31		E C	
		, FL_ <u></u>			9: 3 5 A 1E DRIDA	
(b)	Registered Agents Inc.				, Q	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Offic	e ado	dress.	•	
	7901 4th St N					
	NEW Registered Office Address:					
	STE 300					
	St. Petersburg	. FL 337	702	<u>•</u>		
If the I	imited liability company is not organized w	nder the laws of	the	State of Florida, it is	hereby confirmed that after	
agent v	ange or changes are made, the Florida street will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreet	a limited liabilit members of the	y co lim	ompany, it is hereby educted liability company	onfirmed that the change(s)	
	.—.	•		y Park	•	
Signa	R:LL 12/L.	ember		Printed or t	typed name of signee	
provis. the obj to mer natifie	by accept the appointment as registered agions of all statutes relative to the proper an ligations of my position as registered agent ely reflect a change in the registered office d in spriting of this change. Bill Havre	ent and agree to d complete perfo as provided for address, I hereb Assistant Se	ormo in C y co	ance of my duties, and Thapter 605, F.S. Or, Infirm that the limited	rther agree to comply with Ham familiar with and ac if this document is being f Hiability company has bee	
<u> </u>	ne of Registered Agent		U1 U	cai y		