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	Division of Corporations Fax Number : (850)617-6383			
From:	Account Name : C T CORPORATION Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996	SYSTEM		
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T. LEMIEUX

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.

. Na	me of the limited liability company:	a, LLC.					
. (a)	4320 West Kennedy Blvd.		4320 West	Kennedy Blvd			
(wy	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	·	N	dailing address o <u>(Note: MAY B</u>			
	Suite 200		Suite 200				
	Tampa, FL 33609		Tampa, FL	33609			
	12/02/2015		L150001998	03			
	Date of filing/registration in Florida	4.		Document nu	mber		
(a)	James W Goodwin						
()	Registered Agent and Registered Office shown on the records of 201 N. Frankfin Street	of the Flori	la Dept. of State	- :: -			
	Registered Office Address <u>MUST BE FLORIDA STREE</u> Suite 2000	<u>l'ADDRE!</u>	<u></u>				
	Татэра, Р	33602 L					
(b)	C T Corporation System			_	•	22	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	<u>ddreys</u> :			FE3 19	····:
	NEW Registered Office Address:			-	-	15 Mi	
	1200 South Pine Island Road			-	••	Ai De bé	
	Plantation, F	rL <u>33324</u>		-		Ð	
e cha ent v as/wo	imited liability company is not organized under the l inge or changes are made, the Florida street address vill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of th of the reg liability (s of the li	e State of Flo stered office company, it is mited liabilit	e and the busir s hereby confr y company or	ness offic rmed that	e of the 1 the ch	e registe ange(s)
			mberly Bowen	15			
Signa	ture of a member or authorized representative of a member			Printed or typed	I name of s	ignee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

By:	C 1 Corporation System	the det ter (Lisa DuBuis)

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, Fl. 32314 FILING FEE: \$25,00