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Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE **INTEGRITY - HUDSON MANOR, LLC** RECEIVED Certificate of Status 0 Certified Copy 0 MAR 0 1 2018 **02** Page Count \$25.00 Estimated Charge **EB 28** FILE Corporate Filing Menu Electronic Filing Menu Help S. WARREN MAR 0 1 2018

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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.

(a)	4821 US Hwy 19 Suite 3	(b)	3053 S. Church St.
(-)	Principal office address of limited liability company: (Nets: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)
	New Port Richey, FL 34652		Burlington, NC 27215
	01/19/2016		.16000012856
	Date of filing/registration in Florida	4.	Document number
(a)	MacLean, Gilbert Keith		
(a) _	Registered Agent and Registered Office shown on the records of 4821 US Hwy 19 Suite 3	Dopt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	(DDRESS)	
	New Port Richey, FL	34652	18 FEB
(b)	Euler name of NRW Registered Agent and/or NEW Registered	005	N -
	Easter name of NRW REPUBLICIA Areas and/or NEW Reputerso	Onice subre	
	C T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation FL	33324	• • • ····
cha nt w v/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lis ere authorized by an affirmative vote of the membors o cles of organization or the operating agreement of the	the register bility comp f the limite limited liat	ered office and the business office of the register abany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
÷	it of a member or authorized representative of a member		Printed or typed name of signed
erei visi obli nere ified	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, 11 in writing of this change.	es to act in performan for in Chu iereby conf	n this capacity. I further agree to comply with the see of my duties, and I am familiar with and access topter 605, F.S. Or, if this document is being file firm that the limited liability company has been ssistant Secretary

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

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