1/600040728

(F	Requestor's Name)							
· (A	Address)							
()	Address)							
(0	City/State/Zip/Phone #)							
PICK-UP	WAIT MAIL							
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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COVER LETTER

Division of Corporations							
SUBJECT: South T	Torida SIRS, LLC						
Name	e of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this	s matter to the following:						
Jesse T. Dowling Name of Person	1g						
SOUTH Florida SIRS Firm/Company	,cc						
2835 O'Donnell St. Address	reet						
Baltimore, MD 218 City/State and Zip Code	24						
JE-mail address: (to be used for follure annu	nt, com ual report notification)						
For further information concerning this matter,	please call:						
Jesse T Down on TII	at (
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:							
≦ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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	nme of the limited liability company:	Flor	ida	SIRS, C	LC	,		
2	(a)	• • • • • • • • • • • • • • • • • • • •	_ (b)						
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		•	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		2835 O'Donnell Street	2835 O'Donnell St						
		Baltimore, MD 21224	_	Bali	tryore, 1.	no	210	24	
		— <i>i</i>		/_	160000	407	28		
3.		Date of filing/registration in Florida	4.		Document nur		<u>~ 0</u>		
5	(a)	100 - 7 W W TIT							
٥.	(a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Sta	ate:				
		Registered Office Address	DDRESS)		_				
		16101 SW 280# Street			_				
		Homeskad, FL, FL	33	03/		<u> </u>	16		
	(b)					並	8		
	(U)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:		ASS.	121	Name ()	
						11 (1) (1) (1) (1) (1) (1)	3	f []	
		NEW Registered Office Address:				S i A	Ö		
			Sui	te 1	<u>B</u> 2	EX.	ଆ		
		180 Business Parkway - Royal Palm Beach ,FL	22.	411					
IC.		()			— 				
		imited liability company is not organized under the laws inge or changes are made, the Florida street address of the							
age wa	ent w s/we	will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of	oility con	npany, it ted liabili	is hereby confir	med tha	at the o	change(s)	
the	arti	cles of organization or the operating agreement of the li	imited li	ability co	mpany.	is outer	wise p	iovided in	
5/8	ignal	ture of a member or authorized representative of a member	\rightarrow	lesse:	Printed or typed	16Z name of	signee		
I h pro the to i	erel ovisi obli nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I ha d'in writing of this change.	e to act performa for in C reby co	in this ca nce of my hapter 60 nfirm tha	pacity. I further duties, and I an 15, F.S. Or, if th I the limited liab	ragree i n famili sis docu sility co	to com iar wit ment i nipany	iply with the h and accept s being filed · has been	

Signature of Registered Agent