To: Page 2 of 3

8/18/2017

Division of Corporations

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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.

)	ne of the limited liability company:	a, FL 32032	_ (	(b) <u>822 Al</u>	N. Highway, Ste. 310, Ponte Vedra, FL 32082		
/ _	Principal office address of limited liabilit (Note: MUST BE STREET ADD				Mulling address of limited lisbility company: (Note: MAY BE POST OFFICE BOX)		
			_	•			
í	03/16/2016			L1600005	3998		
-	Date of filing/registration in Flo	orida	4,		Document number		
ล)	Corporation Service Company						
-, . 	Registered Agent and Registered Office shown o	in the records of th	he Flori	da Dept. of S	tate:	17	
	1201 Hays Street, Tallabassee, FL 32301						
	Registered Office Address (MUST BE FLOI	<u>UDA STREET A</u>	<u>DDRES</u>	<u>55)</u>		AUG 2	
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// _	Enter name of NEW Registered Agent and/or N	IF.W Registered (	<u>Office a</u>	ddress:			
	C T Corporation System						
	NEW Registered Office Address:						
	1200 South Pine Island Road						
	Plantation	, FL	33324				
	nited liability company is not organized						

the articles of organization or the operating agreement of the limited liability company. Jeffrey Goldstein - Director of Finance 14 Goldstein Printed or typed name of signee Sugrature of a thember or authorized representative of a member

I hereby accept the appaintment 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, I hereby confirm that the limited liability company has been notified in writing of this change. C T Corporation System

By:

Signature of Registered Agent

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

INHS18 (2/14)