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| (R | lequestor's Name) | | | | | | |
|---|----------------------|-----------|--|--|--|--|--|
| (A | ddress) | | | | | | |
| (A | ddress) | | | | | | |
| (C | City/State/Zip/Phone | e #) | | | | | |
| PICK-UP | WAIT | MAIL | | | | | |
| | | | | | | | |
| (B | Business Entity Nam | ne) | | | | | |
| (Document Number) | | | | | | | |
| Certified Copies | Certificates | of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | | | |
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Office Use Only



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I ALBRITTON



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Amanda Raker amanda.raker@cscglobal.com

Date: April 5, 2019

Order#: 712122/006

Re: HOME ENCOUNTER LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Amanda Raker c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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. N | ame of the limited liability company: HOME ENCOL | JNTER LL | .C | | | | |
|---|---|---|--|--|---------------------------------------|-------------|--|
| 2. (a) | 12906 Tampa Oaks Blvd | Fampa Oaks Blvd | | | | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | | Mailing address of li (Note: MAY BE | | | |
| | Ste 100 | | Ste 100 | | | | |
| | Temple Terrace, FL 33637 | | Temple T | errace, FL 3363 | 37 | | |
| | 03/18/2016 | | L160000 | 54003 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document numi | ber | | |
| 5. (a) | VAN ROOYEN, BRAD | | | | | | |
| | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State | : | | | |
| | 12906 Tampa Oaks Blvd | | | | | | |
| • | Registered Office Address (MUST BE FLORIDA STREET) | ADDRESS) | | | | | |
| | Ste 100 | | | | 11 11:13 | 201 | |
| - | Temple Terrace , FI | 33637 | | | | 2019 APR | |
| (b) | Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered 1201 Hays Street | Office add | ress: | | · · · · · · · · · · · · · · · · · · · | -9 AHII: 12 | |
| | NEW Registered Office Address: | | | | ~. | | |
| | Tallahassee FI | , 32301 | | | | | |
| | , 1 1, | | | | | | |
| the cha agent w was/we the artic | mited liability company is not organized under the layinge or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited liate authorized by an affirmative vote of the members of cles of organization or the operating agreement of the isty J. Swanson | the regist ability cor of the limited lia | ered office npany, it is led liability ability comp | and the business hereby confirme company or as | s office ed that otherw | e of the | registered |
| Signat | ure of a member or authorized representative of a member | IVIISTY | | Printed or typed na | | gnec | |
| the obli to mere notifiea | by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the change in the registered office address. I have the change in the registered office address. | ee to act i performat d for in Cl hereby coi | n this asses | nin. I Gudhau | | _ | y with the and accept being filed as been |
| Signatur | e of Registered Agent Corporation Service Company | BY: Gra | ice E. Kirb | y, Asst. Vice I | Preside | ent | |