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SECRETARY OF STATE

O SHIMONS (A) - 2200

## 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	ame of the limited liability company: SURVIVALIS	ST MENTALITY, I	LLC	
2. (a)	2511 WINDING SPRINGS CT	(b) 2511 W	(b) 2511 WINDING SPRINGS CT	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ \ /	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	JACKSONVILLE, FL	JACKS	ONVILLE, FL	
	32246	32246		
	APRIL 26, 2016	L160000	61294	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	BILL HAVRE			
J. (u)	Registered Agent and Registered Office shown on the records of 3030 N. ROCKY POINT DR.	the Florida Dept. of Stat	ec:	
	Registered Office Address (MUST BE FLORIDA STREET  STE 150A	ADDRESS)	-	
	TAMPA	33607	_	
	BETH MARIE TOENIES		-	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	<del></del>	
		<del></del>		
	2511 WINDING SPRINGS CT		<del></del>	
	NEW Registered Office Address:			
	JACKSONVILLE , FI	32246		
the chagent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	f the registered offic iability company, it i of the limited liability climited liability cor	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
Signa	aftire of a member of authorized representative of a member	101777220	Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ligations of the proper and complete ligations of the provider of the provider of the provider of the change in the registered office address, I are in writing of this change.	ree to act in this cap performance of my ed for in Chapter 60. hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	