Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE HORIZON INTERVEST LLC

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MAY 26 2016

SWARREN

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.

ı) ,	04000 BODIES N. A.O.			·		
• / .	21200 POINT PLACE		(b)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing addr (Note: M.	ess of limited liab	ility company: FICE BOX)
	UNIT 1103	 -				
	AVENTURA, FLORIDA 33180	.				
	APRIL 14, 2016		L16000	072912		
	Date of filing/registration in Florida	4.		Documen	t number	
`	CF REGISTERED AGENT					
ı)	Registered Agent and Registered Office shown on the records of	the Flori	ida Dept. of S	State:	1-2	
	4221 WEST BOY SCOUT BOULEVARD		•			~~~
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRE				-
	1CTH FLOOR				25 3	E. Samerana
	TAMPA , FL	3360	7-5736		THE ARY OF STATE	
	, , ,				173 178 178	
)					RE C	
	Enter name of NEW Registered Agent and/or NEW Registered	Office :	ddress:	_ .	> '	
	100 S. ASHLEY DRIVE					
	NEW Registered Office Address:					
	SUITE 400					
	-					`
	TAMPA ,FL	3360	2			
NAVE	mited liability company is not organized under the large or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members coles of organization or the operating agreement of the	f the reg ability of the li	gistered of company, imited liab i liability o	fice and the b it is hereby co ility company company.	usiness office on firmed that the or as otherwise	of the registered he change(s) se provided in
	ure o, a member or authorized representative of a member	<u> </u>	OBERT		yped name of sign	
	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to a	ct in this c		-	

Robert B. Macaulay, Authorized Representative
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00