3/13/20 sion of Corporations Electronic Filing Cover Sheet Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. ((1118000081837.3))) H1800003183734E4T3 Note: DO NOT hit the REFRESH/RELOAD buttom on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-5383 From: Account Name : REGISTERED AGENIS INC. Account Number : 12009000081編。 : (307)200-280 th Phone .: (855) 330 - 1010 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 8 HAR Email Address: = [m <del>ر</del> ΑМ LLC REGISTERED AGENT CHANGE DANIELI INVESTMENTS LLC õ -----ស្ល 0 Certificate of Status 0 Certified Copy ۰. ۰. - ----RECEIVE 01 Page Count \$25.00 Estimated Charge 12. 5.2 Electronic Filing Menu — Corporate Filing Menu Help

## MAR 1 4 2018

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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. . .. . . .

| Na         | me of the limited liability company: Danien 1   | nvestmer            |   |   |  |  |
|------------|---|---------------------|---|---|--|--|
| (a)        | 1080 Edgewood Ave S.  | <sub>(b)</sub> 7b I | (b) 7b Har Hazeitim<br>Mailing address of limited liability company:<br>( <u>Note: MAY BE POST OFFICE BOX</u> ) |   |  |  |
| (2)        | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)    |                     |   |   |  |  |
|            | Unit 1  | Rehovot 7662647 IL  |   |   |  |  |
|            | JACKSONVILLE, FL 32205  |                     |   |   |  |  |
|            | 04/14/2016  | L160                | 000073702   |   |  |  |
|            | Date of filing/registration in Florida  | 4.                  | Document number   |   |  |  |
| (a)        | JONES, CLAY, MR   |                     |   |   |  |  |
| (a)<br>(b) | Registered Agent and Registered Ciffice shown on the records of the Florida Dept. of State. |                     |   |   |  |  |
|            | 840 EDGEWOOD AVE S  |                     |   |   |  |  |
|            | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)                                  |                     |   |   |  |  |
|            | Unit 1  |                     |   | 18                                      |  |  |
|            | JACKSONVILLE  | FL 32205            | ·   | MAR                                     |  |  |
|            | Registered Agents Inc.  | <u> </u>            |   | 253 - 「                                 |  |  |
|            | Enter name of NEW Registered Agent and/or NEW Register                                      | ed Office address:  |   |   |  |  |
|            | 3030 N. Rocky Point Dr.   |                     |   | 3 AH IO: 55<br>Y OF STATE<br>Y OF STATE |  |  |
|            | NEW Registered Office Address   |                     |   | See 2                                   |  |  |
|            | STE 150A  |                     | ****  |   |  |  |
|            | Tampa   | <sub>FL</sub> 33607 |   |   |  |  |

the articles of organization or the operating agreement of the limited liability company. 5 ------

| Kilmy Tark   | Riley Park                      |
|--|---------------------------------|
| Signature of a member or authorized representative of a member | Printed or typed name of signer |

I hereby accept the appointment 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 395. 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 moniford in spring of this change.

| Bee Ma | ne | Bill Havre | <ul> <li>Assistant Secretary</li> </ul> |
|--------|----|------------|---|
| · · ·  |    |            |   |

Signature of Registered Agent

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