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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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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.

Florida	MENTOD	ING AT H	AND L.L.C.
1. Na	me of the limited liability company: VIENTOR		
2. (a)	901 QUAYE LAKE CIRCLE	(_{b)} <u>901 Q</u>	UAYE LAKE CIRCLE
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	UNIT 102	_ UNIT	102
	WELLINGTON, FL 33411	WELLI	NGTON, FL 33411
	04/25/2016	L16000	0080358
3.	Date of filing/registration in Florida	4.	Document number 19
5. (a)	CLINTON FORBES		Document number (
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of St	ate:
	901 QUAYE LAKE CIRCLE		,
	Registered Office Address (MUST BE FLORIDA STREET &	ADDRESS)	
	UNIT 102		PH 4: 5
	WELLINGTON .FL	33411	ಗ ಲೆ
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address:	A Office address:	
	STE 300		
		33702	
the chagent was/vente at the at	limited liability company is not organized under the la nange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited la were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	iability company, of the limited liab	it is hereby confirmed that the change(s) if ity company or as otherwise provided in
	nature of a member or authorized representative of a member	a u ma in dhio	congain I further garee to comply with the
provi the o	reby accept the appointment as registered agent and agistions of all statutes relative to the proper and completed bligations of my position as registered agent as provide the reflect a change in the registered office address, lightly writing of this change. Bill Havre - Assista	gree to act in this of e performance of b led for in Chapter I hereby confirm th nt Secretary	capacity. I further agree to comb and accept on duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
Signa	nure of Registered Agent		

. . .