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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

Email Address:\_\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE C4 MANAGEMENT GROUP, LLC

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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

r toride 1 - 8%		ANAGEM	ENT GROUP, LI	LC
2. (a)	mile of the fillined Hability company.			
	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limites ( <u>Note: MAY BE POS</u>	
	04/25/16		16000081691	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	NEAL, DANNIELLE		<del>_</del>	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			
	15502 Stoneybrook W Pkwy			
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)		
	#104-547			
	Winter Garden	34787	· .	2022.
(b)	Registered Agents Inc.		·	
	Enter name of NEW Registered Agent and/or NEW Reg	<u>zistered Office addre</u>	<u>ss</u> :	1-17-1-
	7901 4th St N			
	NEW Registered Office Address:			ω
	STE 300			
	St. Petersburg	<sub>FL</sub> 33702		
the cha agent was/w	imited liability company is not organized under ange or changes are made, the Florida street add will be identical. Or, in the case of a Florida limerer authorized by an affirmative vote of the men icles of organization or the operating agreement	ress of the registe nited liability com nhers of the limite	ed office and the business of pany, it is hereby confirmed t d liability company or as oth	fice of the registered hat the change(s)
	Ritury Tark.  ature of a member or authorized representative of a member	Riley	Park	
Signa	iture of a member or authorized representative of a member		Printed or typed name	of signee

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 605, 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 notified in writing of this change.

Bill Havre - Assistant Secretary

Signature of Registered Agent