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From:

Account Name : HAILE, SHAW & PFAFFENBERGER, P.A.

Account Number : 076326003550 Phone : (561)627-8100 Fax Number : (561)622-7603

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• Email Address

chn.lawlor@gmail.com

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## LLC REGISTERED AGENT CHANGE LABEL ANALYTICS LLC

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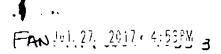
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

1%

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.	Name of	the limited liability company:	LABEL ANALY	TICS	LLC		
2. (		Principal office address of limited tiat (Note: MUST BE STREET A)  O Amberwoods Drive		(b)		failing address of limited I	
		a Raton, Florida 33433		-	Boca Ra	ton, Florida 33433	3
	4-28	-2016		-	 L1600008	14097	-
3.		Date of filing/registration in	Florida	4.		Document number	
5. (	LEG Regist 523 FOR b) Enter:	Registered Agent and Registered Office shown on the records of the LEGALINC CORPORATE SERVICES, INC.  Registered Office Address MUSI BE FLORIDA STREET AS 5237 SUMMERLIN COMMONS, SUITE 400 FORT MYERS  Enter name of NEW Registered Agent and/or NEW Registered CHAILE SHAW & PFAFFENBERGER, P.A.  NEW Registered Office Address:  660 U.S. ONE, THIRD FLOOR		33907		17 JUL 27 AH 9: UB DIVISION OF CONTROPS	
	NO	RTH PALM BEACH	, FL	33408			
the age: was the	change o at will be /were au articles o John o	I liability company is not organi r changes are made, the Florida identical. Or, in the case of a I thorized by an affirmative vote of f organization or the operating a lawler	street address of t Florida limited lial of the members of agreement of the l	he regist bility of the lim imited l	stered office ompany, it is ited liability	e and the business off is hereby confirmed the y company or as other inpuny.	act of the registered and the change(s) rwise provided in
		a member or authorized representative				Printed or typed name of	~
non	Musica in W	ept the appointment as register fail statutes relative to the propose of my position as registered flect a change in the registered criting of this change.	ed agent and agre er and complete p agent as provided office address, I h	e to aci perform for in ( ereby c	in this cap ance of my Chapter 605 onfirm that	acity. I further agree chulies, and I am fami S, F.S. Or, if this doct the limited liability co	to comply with the liar with and accept ument is being filed ompany has been
/~#s	manue or p	egistered Agent Division of Corp	orations P.O. B			ssee, FL 32314	

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