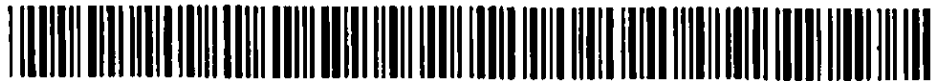


# L16000100528

Florida Department of State  
Division of Corporations  
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**LLC REGISTERED AGENT CHANGE  
STRATAGEM PARTNERS LLC**

Certificate of Status	1
Certified Copy	0
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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.

1. Name of the limited liability company: Stratagem Partners LLC

2. (a) 751 Oak Street, Suite 110 (b) 751 Oak Street, Suite 110

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Jacksonville, Florida 32204

Jacksonville, Florida 32204

05/23/2016

L16000100528

3. Date of filing/registration in Florida

4. Document number

5. (a) Amanda Dean

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

111 Nature Walk Parkway Suite 107

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

St. Augustine, FL 32092

(b) Amanda V. Dean

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

Upchurch, Bailey and Upchurch, P.A.

**NEW Registered Office Address:**

780 N. Ponce de Leon Boulevard

St. Augustine, FL 32084

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Amanda V. Dean

Signature of a member or authorized representative of a member

Amanda V. Dean

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 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.

Amanda V. Dean

Signature of Registered Agent

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