

P.001/002

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Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.

Account Number : I19990000123 Phone : (727)397-5571

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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:

	120 182nd Avenue East	, P.	a. P.O. Box 1160		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Redington Shores, FL 33708	<u>In</u>	dian Rocks Beach, FL 33785		
	May 31, 2016	L16	3000105811		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	Peter T. Hofstra				
J. (a)	Registered Agent and Registered Office shown on the record	s of the Florida Dep	t, of State:		
	8640 Seminole Blvd.		•		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)			
			3		
	Seminole	FL 33772			
	DeLoach, Hofstra & Cavonis, P.A.				
(b)	Enter name of NEW Registered Agent and/or NEW Register	ered Office address	-		
	8640 Seminole Blvd.) 91		
	NEW Registered Office Address:				
	Seminole	, _{FL} 33772			
the chargent was/we the arti	imited liability company is not organized under the unge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of a member of all statutes relative to the proper and complications of my position as registered agent as proved in the reflect a change in the registered office addressed in writing of this change.	s of the registered liability comparers of the limited the limited liabi	and office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. BI Collisi Printed or typed name of signee		

Signature of Registered Agent

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