116000108815

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11/12/19--81829--888 **25.88



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.	Na	me of the limited liability company: HEALEY INVES	SIMENIS	IS LLC	
2.	(a)	12276 San Jose Blvd, Ste 525	(b)	b)12276 San Jose Blvd, Ste 525	
		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, FL 32223	-	Jacksonville, FL 32223	
		06/06/2016		L16000108815	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)	BUSINESS FILINGS INCORPORATED			
	(,)	Registered Agent and Registered Office shown on the records of	the Florida	la Dept. of State:	
		1200 South Pine Island Road			
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	DDRESS) ASE 20	
				8 8 7	
		Plantation, FL	33324		
	(b)	Corporation Service Company			
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add		
		1201 Hays Street			
		NEW Registered Office Address:			
		Tallahassee Fi	32301	1	
the ag	e cha ent v is/we	mited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited librate authorized by an affirmative vote of the members of organization or the operating agreement of the	ws of the the regis ability co of the limited li	e State of Florida, it is hereby confirmed that after istered office and the business office of the registe company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in liability company.	ered
	Signat	ture of ameniber or authorized representative of a member	Jill C	Cilmi. Authorized Person Printed or typed name of signee	
I i pro the to	herei ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	performe d for in C hereby co	ct in this capacity. I further garee to comply with i	the tept led

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

,	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	<u>. </u>
•	
•	
(If an ef Note:	(optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	October 28 . 2019.
	October 28 James C. McMury J. Signature of Merry J. Tames C. McMurry J. Typed or printed name of signee
	James E. M. Murry Jr

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Filing Fee: \$25.00