16000124484

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SECRETARY OF STATE

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.

I. N	ame of the limited liability company:	ERTIES, L.L	C.		_			
2. (a)		()	b)					
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)					
	5081 N APOPKA VINELAND ROAD		P.O. BOX 585774					
	ORLANDO, FL 32818		ORLA	NDO, FL 32858	·	_		
	06/28/2016		L16000	0124484				
3.	Date of filing/registration in Florida	4.		Document nur	nber			
5 (0)								
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	ASSURED COMPLIANCE SERVICES, LLC				-200	20:		
	Registered Office Address (MUST BE FLORIDA STRE			0 h2				
	1615 WOODWARD ST		2024 DEC 18 SECRETARY ANTARAS					
	ORLANDO	. FL ³²⁸⁰³	2803 STO T					
					TS.	PH		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					i i		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	and/or NEW Registered Office address:			32			
	Corporation Service Company							
	NEW Registered Office Address:							
	1201 Hays Street							
	Tallahassee	. FL ³²³⁰¹						
chang agent was/w	limited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	the register d liability coers of the limited	ed office ompany, nited liab liability (and the business of it is hereby confinability company or a company.	office of the med that th as otherwise	e reg e cha	istered inge(s)	
/s/ Philip K. Calandrino			Philip K. Calandrino, Authorized Person Printed or typed name of signee					
-	ature of a member or authorized representative of a member			• •	~			
provis the ob to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address d in writing of this change.	agree to act lete perform vided for in 0 s, I hereby c	t in this o ance of i Chapter (onfirm th	capacity. I further ny duties, and I an 605, F.S. Or, if th hat the limited liah	agree to confamiliar vis document ility compa	ompty with c at is b uny he	with the ind accept eing filed as been	
<u></u>	Inace Cokuble	GRACE E	. KIRBY	, ASST. VICE PR	RESIDENT			
Signati	ure of Registered Agent \							