1/600/39011

(D				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400304675634

10/24/17--01027--004 **25.00

T/ UCI Z4 AM O I SCURLIANT OF STAT ALLANYSSEE, FLORII

S. WARREN OCT 2.5 2mi

COVER LETTER

TO: Registration Section Division of Corporations			
PRAESIDIUM HOLDINGS LI	LC		
	of Limited Lia	bility Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Offic	e Change and fo	ee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the fo	ellowing:	
BILL HAVRE			
Name of Person		-	
REGISTERED AGENTS INC.			
Firm/Company		-	
2000 11 20 21 21 22 22 22 22 22			
3030 N. ROCKY POINT DR., STE 150A			
Address		-	
TAMPA, FL 33607			
City/State and Zip Code		-	
agent@floridaregisteredagent.net			
E-mail address: (to be used for future annua	al report notific	ation)	
For further information concerning this matter, p	·	•	
BILL HAVRE	850 at (807-4500	
Name of Person	-	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAI	LING ADDRESS:	
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following as	mount:		
☑ \$25 Filing Fee	□ \$ 55	Filing Fee & Certified Copy	
INHS18 (2/14)			

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	ame of the limited liability company: PRAESIDIU	JM HOLDI	NGS LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) BOYNTON BEACH, FL 33472	(b)	8794 BOYNTON BEACH BLVD., SUITE 213 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) BOYNTON BEACH, FL 33472
	07/25/2016		L16000139011
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
` ,	Registered Agent and Registered Office shown on the records of	of the Florida f	lept, of State:
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	TALLAHASSEE . F	L_32301	FIL 17 OCT 24 All Spass
(b)	FLORIDA REGISTERED AGENTS INC.		1724 1724
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	
	BILL HAVRE		10 An 8: 10 D
	NEW Registered Office Address:		
	3030 N. ROCKY POINT DR., STE 150A	•	
	TAMPA	33607	
agent w was/we the arti	mited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	aws of the S of the registe liability com of the limite e limited lia	red office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in bility company. YAN RUDNICK, Authorized Representation
	ure of a number or authorized representative of a member		Printed or typed name of signee
the obli	waccept the appointment as registered agent and as ons of all statutes relative to the proper and completing the ground as providing as a specific to the proper and completing to the proper and completing to the proper and completing the providing and the properties of the change in the registered office address, if in writing of this change.		
Signatur	e of Registered Agent		