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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (813)436-5206

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LLC REGISTERED AGENT CHANGE PRIMUM NON NOCERE LLC

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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.

	ame of the limited liability company:				
2. (a)	7901 4th St N Principal office address of limited liability company:		(b) 7901 4th	SUN Mailing address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)	
	STE 300	_	STE 300		
	St. Petersburg, FL 33702		St. Peters	burg, FL 33702	
	r				
	08/08/16	_	L16000148	129	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Overseas Trade & Technology				
•	Registered Agent and Registered Office shown on the records of t				
	B105 SW 16TH PLACE			_	
	Registered Office Address [MUST BE FLORIDA STREET]	(DDRE.	<u>53)</u>		
				_	
	GAINESVILLE	32607			
	, r.L				
(b)	Northwest Registered Agent LLC			1,	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	iddress:	- <u>9</u> 9	
ı î	7001 4th C4 N			M 100 100 100 100 100 100 100 100 100 10	
	7901 4th St N			_	
	NEW Registered Office Address			.)	
	STE 300			_	
	St. Petersburg	33702			
•	, FL		<u></u>	_	
the cha agent v was/wa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the reg ibility I the li	gistered office company, it imited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	dr grandra	Na	t Smith		
-	ture of a member or authorized representative of a member			Printed or typed name of signee	
I here. provisi	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I l	ce to a perfor l for it	et in this cap mance of my a Chapter 60	pacity. I further agree to comply with the duties, and I am familiar with and accep 15, F.Ş. Or, if this document is being filed	
the obl to mer notifie	ely reflect a change in the registered office address, I left in writing of this change. Taylor Newman - Assistant Se	iereby	confirm tha	t the limited liability company has been	