

Page 2 of 3 To:

2017-05-01 09:56:05 CST

12122023573 From: Kimberly Laughrey

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5/1/2017

Division of Corporations



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Division of Corporations Fax Number : (850)617-6383

From:

•	Account Name	:	C T CORPORATION SYSTEM
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2017-05-01 09 56:05 CST

12122023573 From: Kimberly Laughrey

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

. (8)	(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY RE POST OFFICE BOX)			
	900 Circle 75 Parkway, Suite 1730		P.O. Box 723596	c723596		
	Atlanta, Georgia 30339 August 11, 2016		Atlanta, Georgia 31139			
			L16000150468			
	Date of filing/registration in Florida	4.	Document number	,,,,,,,,	<u> </u>	
	Sarina Rasmussen Registered Office Address <u>(MUST BE FLORIDA STRBE</u> 16224 Nottingham Parkway	T ADDRESS				
	Tampa	FL_33647		17		
				HAY.		
(b)	Enter name of NEW Registered Agent and/or NEW Register		f 			
	C T Corporation System			来 S	ED 7 OF SIMIE 074-08-46104*	
	NEW Registered Office Address:					
	1200 South Pine Island Road				- -	
	Plantation	FL_33324				
cha ent v s/we arti	imited liability company is not organized under the l ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited. ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	of the regis liability con s of the limited li	tered office and the business of meany, it is hereby confirmed	office of the r that the chan herwise provi	egistered	
	use give incurber of authorized representative of a member	Douge	anna or brionadi, redornoj ar red			

Signature of Registered Agent Lisa Shdeed, V.P.

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

INHS18 (2/14)

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