L16000151328

(Re	questor's Name)	-			
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K. SALY JAN -5 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 995421 4352702						
AUTHORIZATION: STREET READ						
COST LIMIT : \$25.00						
ORDER DATE : January 4, 2018						
ORDER TIME : 2:22 PM						
ORDER NO. : 995421-010						
CUSTOMER NO: 4352702						
CHANGE OF AGENT						
NAME: MILES PARTNERSHIP, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT DEDCOM. BOYANDO TURNOR EVER						
CONTACT PERSON: Roxanne Turner EXT# EXAMINER:						
EVWAITHEK:						

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.

(a)		_ ((b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u>6</u>	751 PROFESSIONAL PARKWAY WEST, SUITE 2	00	6751 PROFESSIONAL PARKWAY WEST, SUITE
<u>s</u>	SARASOTA, FL 34240	_	SARASOTA, FL 34240
	AUGUST 12, 2016		L16000151328
	Date of filing/registration in Florida	4.	Document number
(a) _	CROSS STREET CORPORATE SERVICES, LLC		
	egistered Agent and Registered Office shown on the records of	he Florid	ida Dept. of State:
	200 SOUTH ORANGE AVENUE		•
_	egistered Office Address (MUST BE FLORIDA STREET A	DDRFS	<u> </u>
• • •	The state of the s		
			5
_\$	SARASOTA, FL	3423	36
			
) <u> </u>	CORPORATION SERVICE COMPANY		
En	ter name of NEW Registered Agent and/or NEW Registered	Office ad	eddress:
			7 ČA A
_1	201 HAYS STREET		
N	EW Registered Office Address:		# 7.4
_			
<u>T/</u>	ALLAHASSEE, FL	32301	<u>)1</u>
hange it will were i	be identical. Or, in the case of a Florida limited lia	the regi bility co f the lin	gistered office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in
		DA	AVID BURGESS
	of a member or authorized representative of a member		Printed or typed name of signee
obligat erely r	nccept the appointment as registered agent and agre of all statutes relative to the proper and complete p tions of my position as registered agent as provided reflect a change in the registered office address, I h writing of this change.	erjorm for in (
9n	rila (101 ot		Emily Croft
ature of	Registered Agent Corporation Service Company	BY:	Asst. Vice President