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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 : (855)330-1010

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## LLC REGISTERED AGENT CHANGE LB WORLDWIDE, 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.

1. Na		ldwide, LL	С
2. (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)
	08/17/2016		000154056
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	f State
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	JACKSONVILLE	<sub>FL</sub> 32202	
(b)	Registered Agents Inc		2023 HAY
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> 7901 4th St N	ed Office address:	<u></u> #255
	NEW Registered Office Address		PH 6:
	STE 300		08
	St. Petersburg	<sub>FL</sub> 33702	
the cha agent w was/we the arti	mited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cless of organization or the operating agreement of the organization of the operating agreement of the organization of the organization of the organization of the operating agreement of the organization of a member o	of the registered o liability company s of the limited lia	office and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.
I herel provision the obli- to mere notified	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as providus reflect a change in the registered office address, fin writing of this change.  David Roberts - Assista	ie performance of ded for in Chapter I hereby confirm	capacity. I further agree to comply with the Twy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed

Signature of Registered Agent