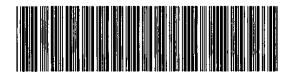
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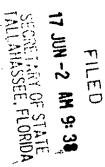
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S. WARREN

JUL 0 5 2017

COVER LETTER

TO: Registration Section

Division of Corporations						
Anaford PLLC	Anaford PLLC					
SUBJECT: Name o	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this n	natter to the following:					
Milan K. Patel, Esq.						
Name of Person						
Anaford PLLC						
Firm/Company						
1401 Brickell Avenue, Suite 420						
Address						
Miami, FL 33131						
City/State and Zip Code						
milan.patel@anaford.com						
E-mail address: (to be used for future annual	report notification)					
For further information concerning this matter, ple	ease call:					
Milan K. Patel, Esq.	305 529-3590					
Name of Person	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:						
☑ \$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: Anatord PLLC	; 					
2. (a)	1401 Brickell Avenue, Suite 420	(b) 1401 Brickell Avenue, Suite 420					
- . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of	limited liability company: E POST OFFICE BOX)		
	Miami, FL 33131	_		Miami, FL 33131			
		_					
	Effective date 08/15/2016		L	.16000156276			
3.	Date of filing/registration in Florida	4.	-	Document nur	mber		
5. (a)	MAGNO & ASSOCIATES, PL						
5. (u)	Registered Agent and Registered Office shown on the records of the	he Flori	ida I	Dept. of State:			
1401 Brickell Avenue, Suite 420							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	SS)				
					ASS 7		
	Miami , FL	3313	1				
	, FL_				FILED N-2 M HASSEE.		
(b)					SEE, FO		
` /	(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	Milan K. Patel, Esq.				: 38 FATE ORIDA		
	NEW Registered Office Address:						
	, FL_						
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regulation the lift the limited	gist cor imi d lia	ered office and the busin npany, it is hereby confir ted liability company or a ability company.	ess office of the registered med that the change(s)		
	- Jak	<u>- M</u>	ıııa	n K. Patel Printed or typed	name of signee		
I here provis the obtomer notifie	ture of a member or authorized representative of a member by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change. The of Registered Agent	ee to a perfor I for in iereby	nct i ma n Ci coi		-		
, O.B.Idit	re or refinise and spain						