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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number

: (855)330-1010

**Enter the email address for this business entity to be used for futth annual report mailings. Enter only one email address please.*

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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.

(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) P.O. Box 48304 TAMPA, FL 33646
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) P.O. Box 48304
P.O. Box 48304
TAMPA, FL 33646
L16000164254
4. Document number
INC & 2
Florida Dept. of State: TALL VIEWS AND SEE AN
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2822 SSEE, FL
2822 <u> </u>
Mice address:
3702
of the State of Florida, it is hereby confirmed that after ne registered office and the business office of the registered office and the business office of the registered of the company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in mited liability company. Riley Park Printed or typed name of signee e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed preby confirm that the limited liability company has been Secretary