

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Help

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. N	Jame of the limited liability company: Project F	reedo	om, LLC		
2. (a)	7901 4th St N	(b)	(b) 7901 4th St N		
∠. (iI)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	STE 300		STE 300		
	St. Petersburg, FL 33702		St. Petersburg, FL 33702		
	09/07/2016	!	L16000167464		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a) HARRIS, MARSHALL S				
3. (4.	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State:		
	2443 Vía Sienna Avenue				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	1		
	Winter Park . F	32789) 		
(b)	Registered Agents Inc.		5 200		
,	Enter name of NEW Registered Agent and/or NEW Registere	ed Office add	tress.		
	7901 4th St N	dress. 22 ₽			
	NEW Registered Office Address.				
	STE 300		VGBV 1.4: 05		
	St. Petersburg	33702			
the ch agent was/v the ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the limited of a member or authorized representative of a member	of the regis liability co of the lim te limited l	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) littled liability company or as otherwise provided in		
I her provi the or to me	why accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid trely reflect a change in the registered office address, a led in spriting of this change.	gree to act le performa led for in C I hereby co	in this canacity. I further goree to comply with the		

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent