6/22/2018

Division of Corporations

Florida Department of State

Division of Corporations

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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.

	where of the limited liability company: EICHENBAUM 8840 Seminole Boulevard			(b) 3916 North Potsdam Avenue # 1808		
. (a) <u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(U)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Seminole, FL 33772			Sioux Fa	alls, SD 57104	
	Sermiole, 12 30172	 .			ano, 02 0. 10 .	
	, <u> </u>					
	September 21, 2016			L160001	76371	
	Date of filing/registration in Florida	- 4			Document number	
(a)	Peter T. Hofstra					
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	8640 Seminole Blvd.				-	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- -		
٠.,٠			-			
, ' ;:	SeminoleF	. 337	72			
• 11	my a thought				1 1 K	
`(b) :	DeLoach, Hofstra & Cavonis, P.A. Enter name of NEW Registered Agent and/or NEW Registered	, ·	. ,	19 10		
. (-);	Enter name of NEW Registered Agent and/or NEW Registere	d Offic	c ad	dress:		
	8640 Seminole Blvd.	•			10万 8 20元 -	
,	NEW Registered Office Address:					
	Seminole	L_337	772		·	
	Serianole , F	L	-		<u> </u>	
e cha gent v	imited liability company is not organized under the lange or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited the eathorized by an affirmative vote of the members cles of organization of the operating agreement of the	i the liabili of the	regi: ty co : lim	stered onto ompany, it i olted liabilit	is hereby confirmed that the change(s) ty company or as otherwise provided in	
			Ro	nald Hein		
	nire of a member or authorized representative of a member				Printed or typed name of signee	
rovisi 1e obi 2 mer	by accept the appointment as registered agent and a lons of all statutes relative to the proper and complet ligations of my pestition as registered agent as provide ely reflect a change in the registered office address, d in writing of this change	gree to e perj ed foi l here	o ac. form hi (by c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and acces, F.S. Or, if this document is being filt the limited liability company has been	
	T					
វិទ្ធពន្ធវិប	re directistered Agent					
	Division of Corporations P.O.					