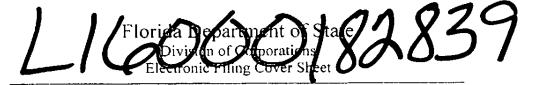
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Division of Corporations

Page 1 of 2



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(((H17000222015 3)))



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Account Number: : 120100000075 Phone: : (305)373-9419 Fax Number: : (305)373-9443

\*\*Enter the email address for this business entity to be used for future

annual report mailings. Enter only one Temail address please.\*\*

Email Address: CCWiggins@jewettortho.com

TAUG 21 M. 4: 30

## LLC REGISTERED AGENT CHANGE JEWETT RESEARCH 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. N	ame of the limited liability company:	ESEARCH LL	<u> </u>		
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liabil	ity company	
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFF		
	1285 ORANGE AVENUE	1285	5 ORANGE AVENUE		
	WINTER PARK, FL 32789	WIN	WINTER PARK, FL 32789		
	September 30, 2016	L160	00182839		
3.	Date of filing/registration in Florida	4,	Document number	<del></del>	
5. (a)	CHARLES M. MAY	••			
J. (L)	Registered Agent and Registered Office shown on the records of	of the Plorida Dept. o	f State:		
	Registered Office Address (MUST BE PLURIDA STREET  1285 ORANGE AVENUE	(ADDRESS)		17 AU อเพรเอ	
	WINTER PARK F	32789		AUG 21	
(b)	CHAD WIGGINS	*1		COK:	
(-)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:	<del></del>	17 AUG 21 AM 9: 09 DIVISION OF CORE OF ATTOMS	
	NEW Registered Office Address:	<del></del>		₹6	
	1285 ORANGE AVENUE				
	WINTER PARK ,F	<sub>L_</sub> 32789			
the cha agent v was/we	imited liability company is not organized under the launge or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited later authorized by an affirmative of the members cless of organization or the operating agreement of the	of the registered of liability company of the limited lia	office and the business office of the confirmed that the bility company or as otherwise	f the registered	
_	1/1	MICHAEL	LV. JABLONSKI, Manage	er	
•	yre of a member or authorized representative of a member	<del></del>	Printed or typed name of signe		
I herel provision the obli to mere notified	by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my fastion as registered agent as providely reflect a change in the registered office address, I in writing of this change.	pree to act in this e performance of ed for in Chapter hereby confirm t	capacity. I further agree to co my duties, and I am familiar w 605, F.S. Or, if this document that the limited liability compa	mply with the rih and accept is being filed ry has been	
Signatur	re of Registered Agent				

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