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18 JUL -9 PM 4: 02 SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

то:	Registration Section Division of Corporations			
SUBJE	Cano America, LLC			
50001		ne of Limited 1	Liability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the	e following:	
Jason	n Conger			
	Name of Person			
Lynch	n Conger McLane, LLP			
	Firm/Company			
1567	SW Chandler Ave., Suite 204			
	Address			
Bend,	OR 97702			
	City/State and Zip Code			
akirk@	@lynchconger.com			
Е	-mail address: (to be used for future ann	ual report not	ification)	
For fur	ther information concerning this matter,	please call:		
Ambe	r Kirk	541	383-5857	
	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	- :	S55 Filing Fee & Certified Copy	
INHS18	8 (2/14)			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Prasuant 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	ume of the limited liability company: Cano Americ	a, LLC		
2. (a)	Principal office address of limited liability company;	(1	o)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		450	(Note: MAY BE POST OFFICE BOX)
	680 N. University Dr.		156	37 SW Chandler Ave., Sutie 204
	Pembroke Pines, FL 33024		Ber	nd, OR 97702
	10/17/2016		L160	000190833
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Eubanks, Christian			
v. (<u>-</u>)	Registered Agent and Registered Office shown on the records of	f the Florid	Dept.	of State:
	URS Agents, LLC		ĺ	
•	Registered Office Address (MUST BE FLORIDA STREET 3458 Lakeshore Dr.	ADDRES	22	
	Tallahassee	22212		
	. Fl	L 32312		;; 6
a. \				ES = T
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	FILED JUL -9 PH 4: 02 ALLAHASSEE, FLORIDA
	URS Agents, LLC			Fig. 2 D
	NEW Registered Office Address:			
	3458 Lakeshore Dr.			TATE ALORIDA
	Tailahasse	32312		
the cha agent w was/we	imited liability company is not organized under the la nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- tre authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the f the regi- iability co of the lim c limited l	State stered ompan nited li liabilit	office and the business office of the registered by, it is hereby confirmed that the change(s) is ability company or as otherwise provided in ty company.
		Jas	on R	. R. Conger
I hereb provision the obli to mere notified	by accept the appointment as registered agent and agent of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change. Amy Purdy, Assistant Se	ea jor in C hereby c	t in thi ance of Chapte onfirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed a that the limited liability company has been
~-	re of Registred Agent			
	Division of Corporations P.O.: FILING F			llahassee, FL 32314

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	Cano America Holdings, LL	С	
0.000		ne of Limited L	liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	following:
Jasoi	n Conger		
	Name of Person		
Lyncl	h Conger McLane, LLP		
	Firm/Company		_
1567	SW Chandler Ave., Suite 204		
	Address		-
Bend	I, OR 97702		
	City/State and Zip Code		
akirk(@lynchconger.com		
T	E-mail address: (to be used for future ann	ual report notif	lication)
For fu	rther information concerning this matter,	please call:	
Ambe	er Kirk	541 at (383-5857
	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	egistration Section Registration Section ivision of Corporations Division of Corporations lifton Building P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	amount:	
	☑ \$25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy
INHS1	8 (2/14)		

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1. N	ame of the limited liability company: Cano America	a Hold	din	gs, LLC	
2. (a)			<i>(</i> ኬ)	•	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(5)	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	680 N. University Dr.			1567 SW	Chandler Ave., Suite 204
	Pembroke Pines, FL 33024			Bend, OR	97702
	08/14/2015		L	.15000139	3 089
3.	Date of filing/registration in Florida	4.	_	Ţ	Document number
5. (a)	Eubanks, Christian				
J. (L)	Registered Agent and Registered Office shown on the records of tURS Agents, LLC	the Flori	ida I	Dept. of State:	, .
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			···	SEC SEC
	3458 Lakeshore Dr.				
	Tallahassee	32312	2		SSA L
	, rt.				E OF
(b)					西山 美山
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ıddr	ress;	ED PM 4: 02 POF STATE FEE, FLORIDA
	URS Agents, LLC				P 2
	NEW Registered Office Address:		_		
	3458 Lakeshore Dr.				
	Tallahassee .FL	32312	2		
the cha agent v was/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the lin limited	iste com mite l lia	ered office a pany, it is bed liability obling bility comp	nd the business office of the registered acreby confirmed that the change(s) company or as otherwise provided in any.
Signat	are of a member or authorized representative of a member	Jas	SOI	n R. R. Co	
I herel provisi he obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change in the registered office address, I have a change and the change. Amy Purdy, Assistant Se	for in ereby o	nan Ch con	n thic canac	rinted or typed name of signee ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Signatu	e of Registered Agent Division of Corporations P.O. B	ox 632	:7 •	Tailahasse	e, FL 32314

FILING FEE: \$25.00