11/17/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE IN RECOGNITION 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.

I. Na	ame of the limited liability company: In Recogi	nition	LLC	
2. (a)	12173 Trailhead Dr	(b) 12173 Trailhead Dr		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Ma	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Bradenton, Fl 34211		Bradenti	on, Fl 34211
	10/17/2016	L	1600019	91876
3.	Date of filing/registration in Florida	4.	ľ	Document number
5. (a)	LegalCorp			异宫 节
υ. (a)	Registered Agent and Registered Office shown on the records of t	the Florida I	Dept. of State:	
	3440 W Hollywood BLVD STE 415			NOV 17
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		FILE!
				五至口
	Hollywood, FL	33021		(og. 1)
				⊕
(b)	Registered Agents Inc.			
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office addr	<u>ess</u> :	
	3030 N. Rocky Point Dr.			
	NEW Registered Office Address:			
	STE 150A			
	T	22607		
	Tampa FL	33607		
If the	limited liability company is not organized under the lay	ws of the S	State of Flor	rida, it is hereby confirmed that after
the ch	ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia	the regist	ered office	and the business office of the registered
was/w	ere authorized by an affirmative vote of the members of	of the limit	ed liability.	company or as otherwise provided in
the art	icles of organization or the operating agreement of the			pany,
Sim	nure of a member or authorized representative of a member	Riles	Morgan	Printed or typed name of signee
Lhave	the accept the appainment as registered agent and ast	ree to act i	n this capa	city. I further agree to comply with the
provis the ob- to mer	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d'in syriting of this change.	73/2375/327331/3	11/1// 231 23111 /1	nnes, ana t am tamular wun ana accent
5	Bill Havre - Assistan	t Secreta	ary	