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Office Use Only



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04/02/18--01049--006 **25.00

SECRETARY OF STATE



March 23, 2018

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337

Sincerely,

Jill Probst Corporate Services Department National Service Information, Inc 145 Baker St Marion, Ohio 43302

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.	Na	me of the limited liability company: Casto Tuscol	la LLC	; —					
2.	(a)		((b))				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	1			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		5391 Lakewood Ranch Blvd., Suite 100		5391 Lakewood Ranch Blvd, Suite 10				_	
		Sarasota, FL 34240			Sarasota	, FL 34241			
		10/26/16		ı	L1600019	6829			
3.		Date of filing/registration in Florida	4.	•	I	Document nun	nber		
5.	(a)								
	• •	Registered Agent and Registered Office shown on the records of Robert F. Greene	the Flori	da	Dept. of State:		,-1		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						2016	
		601 12th Street West					H.	2018 APR	~17
		Bradenton , FL	3420	5			AHASSE	R -2	7
				•			1.0 10,0	A	LU.
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					J.S.	œ	
		Enter name of NEW Registered Agent and/or NEW Registered	l Office a	<u>idd</u>	ress:		ORIO,	S	
		NRAI Services, Inc.					Ţ>•	&	
		NEW Registered Office Address:							
		1200 S. Pine Island Rd.							
		Plantation		4					
		Plantation , FI	,	4					
the age	cha nt w s/we	mited liability company is not organized under the lange or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the reg ability of of the li	gist cor mi	tered office mpany, it is ted liability	and the busing hereby confire company or a pany.	ess office med that the s otherwise	of the re he chang se provid	gistered ge(s)
\perp				_		Rob	ert F G	eene	
_	,-	ure of a member or authorized representative of a member				Printed or typed	_		
I h pro the to n not	ereb visio obli nere ifiea	y accept the appointment as registered agent and agons of all statules relative to the proper and complete gations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.			in this capa ince of my d hapter 605, nfirm that th	city. I further luties, and I an F.S. Or, if the he limited liab	agree to on familiar is docume ility comp	comply with an mit is bei any has	vith the d accept ng filed been
Sig	natu	for Registered Agent ASS-1. Selve	tay	,					