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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.

Na	me of the limited liability company:	ik Manor, LLC			
2. (a)	4821 US Hwy 19 Suite 3	(b) 3053 S. Church St.			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	New Port Richoy, FL 34652	Burlington, NC 27215			
			·	- <u></u>	
	11/08/2016	L16000205739			
	Date of filing/registration in Florida	4.	Document nun	aber	
. (a)	MacLean, Gilbert Keith				
	Registered Agent and Registered Office shown on the records of	he Floride Dept.	of State:		
	4821 US Hwy 19 Suite 3	• i.			
	Registered Office Address (MUST RE FLORIDA STREET ADDRESS)			IS IS	
					_
	New Port Richey	34652			Ξ
	New Port Richey FL		<u></u>	AR N	
b)				ÉE (	Ш
. (0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:			0
	C T Corporation System		_	FEB 27 AN IN: 33 CRETARY OF STATE LLAHASSEE, FLORIDA	1
	NEW Registered Office Address:			Sun o	)
	1200 South Pine Island Road				
	Plantatiou .FL	33324			
chai ní w /wo artit	mited liability company is not organized under the law nge or changes are made, the Florida street address of rill be identical. Or, in the case of a Florida limited has re authorized by an affirmative vote of the members of bles of organization or the operating agreement of the un of a member or authorized representative of a member watches the appointment as registered agent and agr	the registered bility compan f the limited li limited liabilit Jonathun S.	office and the busine iy, it is hereby confirm ability company or a ty company. . Short Printed or typed a	is a office of the regined that the change and that the change s otherwise provided name of signce	stered s) l in
T Co	y accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I in writing of this change. protation System Assistant Sec re of Registered Agent		of my duties, and I an er 605, F.S. Or, if thi withat the limited llab	i familiar with and c is document is being ility company has be	iccept filed ten

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

INHS18 (2/14)