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Resubmission, please keep file date of 02/28/2018

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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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.

	ame of the limited liability company:			,
l. (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: (Nete: MAY BE POST OFFICE BOX)	
	New Port Richey, FL 34652	Burlingto	on, NC 27215	
	11/00/0014	1 1		
	11/08/2016	L1600020	·	
. (a)	Date of filing/registration in Florida MacLean, Gilbert Keith	4.	Document number	
. (u)	Registered Agent and Registered Office shown on the records of the 1 4821 US Hwy 19 Suite 3	Plorida Dept. of Str		
	Registered Office Address MUST BE FLORIDA STREET ADD	DRESS)	INTER SEC	
	New Port Richay , FL 34	652	FIL:	- -
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(b)	Enter name of NKW Registered Agent and/or NEW Registered Of	jae address:		
			LOO NIC	
	C T Corporation System		_ 37 7	
	NEW Registered Office Address:		Þ	
	1200 South Pine Island Road		~	
		1 (n	•	
	Plantation , FL_33	324	-	
he cha gent w	imited linbility company is not organized under the laws of inge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabil ere authorized by an affirmative vote of the members of the cless of organization or the operating agreement of the lime	registered offic lity company, it is limited liabili	ce and the business office of the registered is heroby confirmed that the change(s) ity company or as otherwise provided in impany.	
			Printed or typed name of signee	
Signat	are of a member or authorized representative of a member			
herel rovisi he obli mere otified	by accept the appointment as registered agent and agree to ons of all statutes relative to the proper and complete per loations of my position as registered agent as provided for ety reflect a change in the registered office address, I here d in writing of the change	to act in this ca formance of my for in Chapter of eby confirm tha hrey, Assistant	pacity. I further agree to comply with the y duties, and I am familiar with and accept)5, F.S. Or, if this document is being filed t the linuted Ilability company has been Secretary	

Division of Corporations• 2.O. Box 63270 Tallahassee, FL 32314 FILING FEE: \$25.00

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