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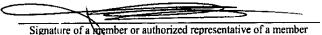
Division of Corporations			
2 Turtles LLC SUBJECT:			
	e of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.		
Please return all correspondence concerning thi	s matter to the following:		
MICHAEL PERLICK			
Name of Person			
2 TURTLES, LLC			
Firm/Company			
410 FLAGSHIP DRIVE, #1202			
Address			
NAPLES FL 34108			
City/State and Zip Code	TAES TA		
MP@PERLICK.DE	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三		
E-mail address: (to be used for future annu	ual report notification)		
For further information concerning this matter,	please call:		
MICHAEL PERLICK	at (239) 594-2226 G G		
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	□ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)	•		

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	une of the limited liability company: 2 TURTL	ES, LLC	
2. (a)	410 FLAGSHIP DRIVE, #1202	(b) 410 FL/	AGSHIP DRIVE, #1202
- <i>r</i> ()	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NAPLES FL 34108	NAPLES	S FL 34108
	11-23-2016	L160002	14869
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	IRC INVESTOR SERVICES, LLC		
J. (u)	Registered Agent and Registered Office shown on the record 3838 TAMIAMI TRAIL N, SUITE #416	rds of the Florida Dept. of Stat	– e:
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)	_
	NAPLES	, FL 34103	-
(b)	MICHAEL PERLICK		_
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	stered Office address:	— —ംഗ ട്ര്
	410 FLAGSHIP DRIVE, #1202		ACCOR SE T
	NEW Registered Office Address:		FILED MY 22 P
	NAPLES	, FL_34108	E FLORE
the cha	imited liability company is not organized under the single or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the members.	ess of the registered offic ted liability company, it i	e and the business office of the registere is hereby confirmed that the change(s)

the articles of organization or the operating agreement of the limited liability company.



MICHAEL PERLICK

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Registered Agent