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LLC REGISTERED AGENT CHANGE CROWN WAY VAUGHN ASSOCIATES, LLC

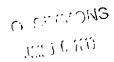
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited Itability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

		(b)_	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	December 29, 2016		L17000000138
i.	Date of filing/registration in Florida	4.	Document number
(a)	United States Registered Agents, Inc.		
. (a)	Registered Agent and Registered Office shown on the records of	Tthe Platids D	ept. of State:
	Registered Office Address (MUST HE FLORIDA STREET	ADDRESS)	
	420 S. Dixle Highway, Suite 4B	:	
	Coral Gables	_33146	1
		<u> </u>	C)
(b)			٠ - ري ــــــــــــــــــــــــــــــــــــ
ι-,	Enter name of NEW Registered Agent and/or NEW Registerer	d Office addre	<u></u>
			<u>့်</u>
			, CM
	NOTION OF A SECONDARY		
	NEW Registered Office Address:		
	NEW Registered Office Address: 9300 S. Dadeland Blvd, Suite 600		
	9300 S. Dadeland Blvd, Suite 600	_{2,} 33156	
he cha gout s vas/w	9300 S. Dadeland Blvd, Suite 600	ivs of the S f the registe iability com of the limite e limited lia	tate of Florida, it is hereby confirmed that after ered office and the business office of the registered spany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
he cha gent vas/w he art	9300 S. Dadeland Blvd, Suite 600 Miami , Fi imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I are authorized by an affirmative vote of the members	ivs of the S f the registe iability com of the limite e limited lia	tate of Florida, it is hereby confirmed that after ered office and the business office of the registere upany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.

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