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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 understgned 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. N	Jame of the limited liability company: EDEN DEVI	ELOPME	ENISERV	/ICES, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(t	o)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	01/05/2017 Date of filing/registration in Florida	 	L1700000	04720 Document number
5. (a)	Registered Agent and Registered Office shown on the records of C T CORPORATION SYSTEM			2018 NOV
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1200 S. PINE ISLAND ROAD, SUITE 250		1	
	PLANTATION , F	33324		SSEE.
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> United States Registered Agents, Inc.	od Office ad	dress:	23 FL
	NRW Registered Office Address:			
	9300 S. Dadeland Blvd, Ste 600			
	Miaml, F.	_L 33156		
the changement was/w the art	simited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited la ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co of the lim e limited I	stered office empany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sign	thre of amender of authorized representative of a member			Printed or typed name of signee
I here provis the ob- to mer	by accept the appointment as registered agent and agions of all stances relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d in writing of this change.	gree to act e performe ed for in (l hereby co	in this capa ance of my a hapter 605, onfirm that t	ncity. I further agree to comply with the futles, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signali	ucof Rogistered Agent			

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