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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.

	ne of the limited liability company: TOVICET				s LLC			
, 7	736 Lakeside Blvd G205		(b) <u>77</u>	36 Lal	keside E	Blvd G	205	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX					
-	Boca Raton, FL 33434		Bo	ica Ra	ton, FL	33434		
C	03/03/2017			00005	50289			
	Date of filing/registration in Florida	4.	. <u></u> .	D	ocument n	umber		
) H	HANFT, JEFFREY							
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept	of State:				
			•					
	7736 Lakeside Blvd G205		-					
•	7736 Lakeside Blvd G205 Registered Office Address (MUST BE FLORIDA STREET)	ADDRE						
}	Registered Office Address (MUST BE FLORIDA STREET)	<u>100RE</u> 3343	<u>\$\$\$)</u>				19	
1 - -	Registered Office Address (MUST BE FLORIDA STREET)	3343	<u>\$\$\$)</u>				NUL	
1 	Registered Office Address (MUST BE FLORIDA STREET. Boca Raton, Fl	3343 LC	<u>889</u> 34			STORE FARTER		FILE
- - - - - -	Registered Office Address <u>(MUST BE FLORIDA STREET</u> Boca Raton, FL Northwest Registered Agent 1	3343 LC	<u>889</u> 34			TALLARASSEE, FLOR	JUN 10	Ū
н н н н ,	Registered Office Address (MUST BE FLORIDA STREET Boca Raton , FL Northwest Registered Agent 1 Intermane of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	3343 LC	<u>889</u> 34			UTCREITANT PERSONAL	JUNIO AM 8	Ū
і 	Registered Office Address <u>(MUST BE FLORIDA STREET</u> Boca Raton, FL Northwest Registered Agent 1 Inter mane of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	3343 LC	<u>889</u> 34			TALLARASSEE, FLORIDA	JUN 10	Ū

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.

Morgan Noble

Printed or typed name of signee

Tom Glover - Assistant Secretary on Glove

Signature of a member or authorized representative of a member

Signature of Registered Agent

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