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		Account Number	r : I20010000123						
			: (305)931-0541						
		Fax Number	: (305)931-0568		•				
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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 603.0114 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,

?. (e)			(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)					
	900 S NORTHLAKE DR		900 S N	ORTHLAKE DR					
	HOLLYWOOD, FL 33019		HOLLY	YWOOD, FL 33019					
	03/28/2017		1.170000	· 6974 4					
	Date of filing/registration in Florida	4.	-	Document number					
(a)	·								
(-/	Registered Agent and Registered Office shows on the records of the Florida Dept. of State:								
	JLG CORPORATE SERVICES INC.								
	Registered Office Address (MUST BE PLORIDA STREET	ADDRE	<u>220</u>						
	1805 PONCE DE LEON BLVD STE 400								
	CORAL GABLES	33134							
(b)		L							
				. YOW					
` '	Enter turne of NEW Registered Agent mid/or NEW Registere	il Office	address:	1-2					
	PAAN IOON			ب.					
	KAAN ISCIL								
	NEW Registered Office Address:								
	900 S NORTHLAKE DR			<u> </u>					
	Had I Mayoon			(2)					
	HOLLYWOOD, F	L		<u></u>					
ange ent v	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited literated by an affirmative vote of the members cless of organization or the operating agreement of the identification.	registe ability of the li limited	red office : company, i mited lishi	and the business office of the registered t is hereby confirmed that the change(s) dity company or as otherwise provided in ompany.					
ignat	ure of a member or authorized representative of a member		1711-15016	Printed or typed name of signee					
استدا	by accept the appointment as registered agent and agons of all statules relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to a perfori d for in	ct in this co nance of m Chapter 6 confirm the	•••					
ovisio ovli nere ified	ly reflect a change in the registered office address, to writing of this change.	nereny							

Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 F1LING FEE: \$25.00

INHS18 (2/14)