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DATE:

4/22/19

NAME:

HORVATH & TREMBLAY FL, LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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. N	ame of the limited liability company: HORVATH &	TREM	BLAY FL,	LLC	
2. (a)	600 MARKET STREET		(b) 600 MARKET STREET		
<i>2.</i> (a)	Principal office address of limited liability company: (Nota: MUST BE STREET ADDRESS) SUITE 686	_ (*.		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 86	
	LYNNFIELD, MA 01940	_	LYNNFIE	ELD, MA 01940	
	04/11/2017		L170000	81634	
3.	Date of filing/registration in Florida NATIONAL REGISTERED AGENTS, INC.	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2019 APR	
	PLANTATION ,FL	33324		FILE MPR 22	
(b)	Registered Agent Solutions, Inc.			FILED R22 M TANK OF	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			<u>-:42</u> •	
	155 Office Plaza Dr.			32	
	NEW Registered Office Address: Suite A			<u>.</u>	
	Tallahassee, FL	32301		_	
sign sign sign sign sign sign sign sign	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attree of a member or authorized representative of a member sions of all statutes relative to the proper and complete or a light one of my position as registered agent as provide rely reflect a change in the registered office address, I sed in writing of this change.	the reginability of the limited Je	stered office ompany, it inited liability liability con onnifer Bot	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Itary Printed or typed name of signee Therefore, I further garge to county with the	

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

Signature of Registered Agent