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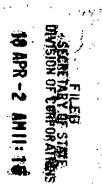
(Requestor's Name)					
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COVER LETTER]

	egistration Section livision of Corporations				
SUBJEC	Path Review, PLLC Name of Limited Liability Company				
SCENEC					
Dear Sir o	or Madam:				
The enclo	sed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:					
Domeni	co Coppola				
	Name of Person				
Path Re	view, PLLC				
	Firm/Company				
10525 E	BERMUDA ISLE DRIVE				
· · · · · · · · · · · · · · · · · · ·	Address				
Tampa,	FL 33647				
	City/State and Zip Code				
E-m	ail address: (to be used for future an	nual report notification)			
For furthe	er information concerning this matter	r, please call:			
Dr.D	Omenico Coppula Name of Person	at (813) 23 - 928-6736 Area Code & Daytime Telephone Number			
R D C 20	TREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
E	Enclosed is a check for the following amount:				
	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.	Na	me of the limited liability company: Path Review,	PLLC	С		
2.	(a)		((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)		
		10525 Bermuda Isle Drive	_	10525 Bermuda Isle Drive		
		Tampa, FL 33647	_	Tampa, FL 33647		
		April 17, 2017		L17000085121		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	JPJ Legal, PLLC				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	1133 Laisrana Avenue, Sute 101					
Winter Park , FL 32789						
		, FL_		2		
	(b)			N 355		
		Dr. Domenico Coppo a NEW Registered Office Address:		address:		
		10525 Bermudalsk Dr	•			
		Tanpa, FL	_3	33647		
the age wa the	cha ent v s/we arti	vill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the lir	egistered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided in ed liability company.		
	_	ture of a member or authorized representative of a member	4	Printed or typed name of signee		
pro the to	oviși obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to ac perform for in ereby c	act in this capacity. I further agree to comply with the rmance of my duties, and I am familiar with and accept in Chapter 605, F.S. Or, if this document is being filed y confirm that the limited liability company has been		
Sig	natu	re of Registered Agent				