1/22/2020

Division of Corporations

## Florida Department of

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JAN 23 2020

## 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.

	me of the limited liability company: 340 Corporate Way Suite 300 Orange Park, FL 3	2073 (b) <u>34</u>	(f) Corporate Way Suite 300 Orange Park, F1, 32073
2. (a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS	npuny:	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	05/03/2017		000098883  Document number
3.	Date of filing/registration in Florida Hill, Alexandria V	۹.	
5. (a)	Registered Agent and Registered Office shown on the	SECRETALLALIA	
	Registered Office Address (MUST BE FLORIDA 340 Corporate Way Suite 300	STREET ADDRESS)	
	Orange Park	,FL_32073	PM 12: 3
	CT Corporation System		FL SI
(b)	Enter name of NEW Registered Agent and/or NEW	Registered Office address	<b>Σ</b> :
	NEW Registered Office Address: 1200 South Pine Island Road		
	Plantation	, F1	
the ch agent was/w the an	ange or changes are made, the Florida street a will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the mines of organization or the operating agreement of a member of a memb	limited liability comp nembers of the limited ent of the limited liabi	the of Florida, it is hereby confirmed that after ed office and the business office of the registered any, it is hereby confirmed that the change(s) illiability company or as otherwise provided in illity company.  Solution of the provided in the change of the company.  Printed of typed name of signee this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept that the limited liability company has been that the limited liability company has been

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