12122023573 From: Kimberly Laughrey

6/14/2017

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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: C T CORPORATION SYSTEM Account Name

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Corporate Filing Menu

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S. WARREN JUN 1 6 2017

ne,

Other

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 affice or registered agent, or both, in the State of Florida.

1. 146	ame of the limited liability company: Entrex Capital Ma		
2. (a)		(b)	
(,	Principal office address of Innited liability company: (Note: MUST BE STREET ADDRESS)	(b)	
	05/31/2017		000119451
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T Corporation System		
	Registered Agent and Registered Office shown on the records of the state of the sta		or State:
	Registered Office Address (MUST BE FLORIDA STREET A		
	1200 South Pine Island Road	JUN 15	
	Plantation , FL	33324	XXX o []
(b)	Enter name of NEW Registered Agent and or NEW Registered	-	
	Enter name of NEW Registered Apent and or NEW Registered	Office address:	FILED N 15 AM 8: 57 TART OF STATE HASSEE, FLORIDA
	NRAJ Services, Inc.		
	<u>YEW</u> Registered Office Address:		
	1200 South Pine Island Road		
	Plantation , FL	. 33324	
ie cha gent v cas/we ie ami	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be ideprical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cless of the liability of the operating agreement of the	the registered ability compan f the limited h limited habiti	office and the business office of the registe by, it is hereby confirmed that the change(s) inbility company or as otherwise provided in ty company.
	ture of a member or authorized representative of a member	- 1	Printed or typed name of signee
l heret rovisi	by accept the appointment A registered agent and agri ions of all statutes relative to the proper and complete igutions of my position agregistered agent as provided by reflect a change in the registered office address, I h	ee to act in thi performance of t for th Chapt	is capacity. I further agree to comply with t of my duties, and I am familiar with and acc or 605. F.S. Or, if this document is being fit

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