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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

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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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.

Florida	Rlug Skip	s Fr	allC			
I. Nai	me of the limited liability company:	,0	u LLO			
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(1)	Mailing address of limited (Note: MAY BE POST	-	
	7901 4th St N STE 300	_	7901 4th St N STE 300			
	St. Petersburg FL 33702		St. Peter	rsburg FL 33702		
	06/15/2017		L1700	0131275		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	LEGALINC CORPORATE SERVICES	INC.				
J. (11)	Registered Agent and Registered Office shown on the records of t		a Dept. of State	- 1:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES.	<u>s)</u>			
	476 RIVERSIDE AVE.				; .	202
	JACKSONVILLE .FL	3220	2		: : : : : :	30 5
(b)	Registered Agents Inc			•		1022 DEC 27
117.	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldress:	-	;;; - ;	mp i
	7901 4th St N				***	PH 1: 46
	NEW Registered Office Address: STE 300					.
	31L 300					
	St. Petersburg	3370	2			
the char agent w was/wer the artice Signatu I hereb provision the oblit to mere.	mited liability company is not organized under the law nge or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liability and the limited liable of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. I have the proper and complete in the registered of the proper and complete in the proper and complete	the reginability of the limited Ril	stered office ompany, it is nited liability comes by Park	e and the business off is hereby confirmed the vector as other apany. Printed or typed name of active. I further agree	ice of the stat the char rwise prov	registered nge(s) rided in

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

Assistant Secretary

Bill Havre

Signature of Registered Agent