

L17000136583

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

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.****

Email Address: _____

**LLC REGISTERED AGENT CHANGE
DATA EXCHANGE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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K. SALY
AUG 11 2017

**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. Name of the limited liability company: DATA EXCHANGE LLC
2. (a) 360 OCEAN DRIVE 1001S (b) 78 JOHN MILLER WAY SUITE 228
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
KEY BISCAYNE, FL 33149 KEARNY, NJ 07032

3. 6/22/17 4. L17000136583
Date of filing/registration in Florida Document number

5. (a) NORTHWEST REGISTERED AGENT, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3030 N. ROCKY POINT DR. STE 150
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TAMPA, FL 33607

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

3030 N. ROCKY POINT DR. STE 150A

NEW Registered Office Address:

TAMPA, FL 33607

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Morgan Noble

Signature of a member or authorized representative of a member

Morgan Noble

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Mon Glove

Signature of Registered Agent

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

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