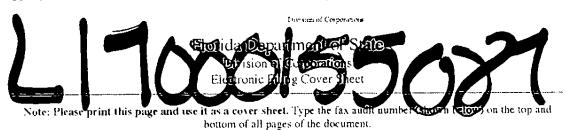
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From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 : (844)386-0178 Phone : (214)317-4754 Fax Number

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LLC REGISTERED AGENT CHANGE GREEN CLAW COMPANY OF ALABAMA, LLC

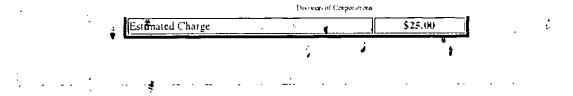
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$(((\mbox{H22000050252~3})))$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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. N	ame of the limited liability company: Green Claw Cor	npany of	Ala	labama, LLC	
2. (a)					
_ , ,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	 -		Mailing address of limited liability company (Note, MAY BE POST OFFICE BOX)	
	123 North Monroe Street,			123 North Monroe Street,	
	Tallahassee, FL, 32301	_		Tallahassee, FL, 32301	
	07/19/2017		Ī	1.17000155087	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
Э. (a _.	Registered Agent and Registered Office shown on the records of Brett Thomas Terry	of the Floor	da l	Dept of State	
	Registered Office Address (MUNT BE FLORIDA STREET) 123 N MONROE ST	T ADDRE	<u>(SS)</u>	2	
	TALLAHASSEE, [32301			
(b))	_			
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office:	ndd	dress	
	LEGALINC CORPORATE SERVICES INC.		_		
	NEW Registered Office Address				
	5237 SUMMERLIN COMMONS BLVD, SUITE 400			22	
	FORT MYERS, I	7L3390 7	_	——————————————————————————————————————	
chang agent was/v	limited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	ne registe liability of the li	eor imi	State of Florida, it is hereby confirmed that after ed office and the business office of the registered impany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
	B. 81/2	В	ıett	n Thomas Terry	
	nature of a member or authorized representative of a member			Frinted or typed name of signee	
provi the ol to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet bligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in Arting of this change.	gree to a le perfor led for n I hereby	101 i ma 1 Ci 00.	in this capacity. I further agree to comply with tance of my duties, and I am familiar with and acc Thapter 605, F.S. Or, if this document is being fu onfirm that the limited liability company has been	he ept led !
Signa	ture of Registered Agent				