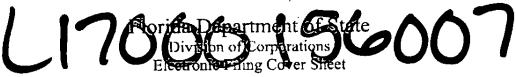
12/15/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	•	CIENTE CHANCE	,	
	LLC REGISTERED ACTHOMAS CAMPEN MD &	GENT CHANGE ASSOCIATES, PLLC		
	THOMAS CAMPEN MD &	GENT CHANGE ASSOCIATES, PLLC		
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Corporate Filing Menu

Electronic Filing Menu

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 Standes, 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.

a		(b)	Mailing address of limited liability company:
٠, ٠	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX)
	3801SCONGRESSAVE	3.8	ROISCONGRESSAVE
	PALMSPRINGS,FL33461		ALMSPRINGS,FL33461
	07/20/2017	L17	000156007
	Date of filing/registration in Florida	4,	Document number
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a)	Registered Agent and Registered Office shown on the records of ZIFRONY, MATTHEW, ESQ.	f the Florida Der	or, of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	C/OTRIPPSCOTT,PA,110SE6THST,15THFL		Accre
	ET LAUDERDALE, F	L 33301	(T) (T) () GT':-
b)	Enter name of NEW Registered Agent and/or NEW Registers		
	Enter name of NEW Registered Agent and/or NEW Registers	ed Office addres	
	CTCorporationSystem		୍ର ପ୍ର
	NEW Registered Office Address:		
	1200SouthPincIslandRoad	·	
	Plantation, F		
cha nt v s/w art	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited cre authorized by an affirmative vote of the members icles of organization or the operating agreement of the street of the street of the street or the operating agreement of the street of the street or the operating agreement of the street or the	aws of the Sta of the register liability comp s of the limite te limited hab	ate of Florida, it is hereby confirmed that after red office and the business office of the registroany, it is hereby confirmed that the change(s) d flability company or as otherwise provided in pility company.
	ature of a member or authorized representative of a member		this capacity. I further agree to comply with ce of my duties, and I am Jamiliar with and ac apter 605, F.S. Or, if this document is being fi firm that the limited liability company has bee.
4.4.2 ie 153			

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