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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 : (813)436-5206

\*\*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 MAT & TOM, LLC

| · · · · · · · · · · · · · · · · · · · |         |
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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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

| 2. (a)                                 |  | (b)   |  |  |
|--|--|---|--|--|
| 147                                    | Principal office address of limited fiability company:  (Note: MUST BE STREET ADDRESS)   |   | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX)  |  |
|  | 7901 4th St N STE 300  |   | 901 4th St N STE 300   |  |
|  | St. Petersburg FL 33702  |   | St. Petersburg FL 33702  |  |
|  | 07/27/2017   | L1  | 7000160515   |  |
| <b>.</b>                               | Date of filing/registration in Florida   | -<br>   | Document number  |  |
| (a)                                    | UNITED STATES CORPORATION AGENTS, INC.   |   |  |  |
| . (1-1                                 | Registered Agent and Registered Office shown on the records of the Florida Dept. of State  476 RIVERSIDE AVE.  |   |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET  | ADDRESS)  | - · <del></del>  |  |
|  | JACKSONVILLE   | 32202   | 7 2873<br>2873   |  |
| (b)                                    | Registered Agents Inc  |   | ر<br>ار  |  |
| (1)                                    | Enter name of NEW Registered Agent and/or NEW Registered   | l Office addre  | <u>w</u> :   |  |
|  | 7901 4th St N  |   | F11 12:  |  |
|  | NEW Registered Office Address:   |   |  |  |
|  | STE 300  |   | 2 <sub>2</sub>   |  |
|  | St. Pelersburg   | 33702   |  |  |
| he cha<br>igent v<br>was/we<br>he arti | imited liability company is not organized under the la<br>nge or changes are made, the Florida street address o<br>vill be identical. Or, in the case of a Florida limited li-<br>are authorized by an affirmative vote of the members<br>cles of organization or the operating agreement of the | f the register<br>ability comp<br>of the limite<br>limited liab | red office and the business office of the registered pany, it is hereby confirmed that the change(s) deliability company or as otherwise provided in bility company. |  |
| Signal                                 | ture of a member of authorized representative of a member  |   | Printed or typed name of signee  |  |
| l herel<br>provisi<br>he obl<br>o mere | by accept the appointment as registered agent and ag<br>ons of all statutes relative to the proper and complete<br>igations of my position as registered agent as provide<br>by reflect a change in the registered office address, I<br>I'in writing of this change.                             | ese to set in   | this connects. I further agree to comply with the  |  |

Signature of Registered Agent