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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.

Florid		n of Mian	nillC		
i. Na	ame of the finited flathing company.				
2. (a)	10315 USA TODAY WAY		(b) 10315 USA TODAY WAY		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	Mailing address of limited liab (Note: MAY BE POST OF		
	MIRAMAR, FL 33025	Ν	MIRAMAR, FL 33025		
	09/06/17	L	17000189626		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	LLOYD GRANEY, P.A.				
J. (a)	Registered Agent and Registered Office shown on the recor	rds of the Florida De	ept. of State:		
	2295 NW CORPORATE BLVD.				
	Registered Office Address (MUST BE FLORIDA STR				
	STE. 235	<u> </u>		3	
	BOCA RATON	, _{FL} 33431-	7330		
	Desired Assertation			: در :	
(b)				Till 10	
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office addre	<u>:ss</u> ;	= :	
	7901 4th St N				
	NEW Registered Office Address:				
	STE 300		<u></u>		
	St. Petersburg	_{E1} 33702			
If the	limited liability company is not organized under the	he laws of the St	tate of Florida, it is hereby confir	med that after	
the ch agent was/w	range or changes are made, the Florida street addressible identical. Or, in the case of a Florida limiterer authorized by an affirmative vote of the membricles of organization or the operating agreement of	ess of the registe ted liability com bers of the limite	red office and the business office ipany, it is hereby confirmed that ed liability company or as otherw	the change(s)	
R:L	my Tark	Riley		<u>-</u>	
Sign	ature of a member or authorized representative of a member		Printed or typed name of significant section of the		
provis the ob- to me notifie	eby accept the appointment as registered agent an sions of all statutes relative to the proper and complications of my position as registered agent as properly reflect a change in the registered office addressed in spriting of this change. Bill Havre - Assi	ipieie perjorman wwided for in Ch	apter 605, F.S. Or, if this docum firm that the limited liability com	ient is being filed	

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

Signature of Registered Agent