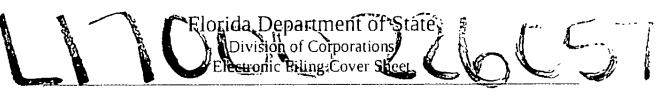
**Division of Corporations** 



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(((H25000030182 3)))



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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 ഇൂannual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE **OUULALA!, LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
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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.

| 1. N  | ame of the limited liability company:  |   |   |   |
|---|--|---|---|---|
| 2. (a)  | Principal office address of limited fiability company:   | _                                       | (b)   | Mailing address of limited liability company:   |
|   | (Note: MUST BE STREET ADDRESS)   |   |   | (Note: MAY BE POST OFFICE BOX)  |
|   | 2614 Tamiami Trail NORTH SUITE 717   |   | 2614 Tam  | iami Trail NORTH SUITE 717  |
|   | NAPLES FLORIDA 34103-4409  | <del></del> -                           | NAPLES F  | FLORIDA 34103-4409  |
|   | 11/01/17   |   | L170002260  | 057   |
| 3.  | Date of filing/registration in Florida   | 4.                                      |   | Document number   |
| 5. (a   | UNITED STATES CORPORATION AGENTS, INC.   |   |   |   |
| J. (a)  | Registered Agent and Registered Office shown on the records of t   |   | ida Dept. of Stat   |   |
|   | 476 RIVERSIDE AVE.   |   |   |   |
|   | Registered Office Address (MUST BE FLORIDA STREET A  | IDDRE.                                  | <u>SS)</u>  | -   |
|   | JACKSONVILLE, FL   | 32202                                   |   | - 202   |
| (b)   | Registered Agents Inc  |   |   | FIL<br>1025 JAN 27<br>SECOULAGO<br>ALLAHASO   |
|   | Enter name of NEW Registered Agent and/or NEW Registered   | Office a                                | address:  | N27   |
|   | 7901 4th St N  |   |   |   |
|   | NEW Registered Office Address:   |   |   |   |
|   | STE 300  |   |   | - Fin O   |
|   | St. Petersburg , FL  | 33702                                   |   | _   |
| the ch<br>agent<br>was/w<br>the art             | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the reg<br>ability<br>of the li         | gistered office<br>company, it i<br>imited liabilit             | e and the business office of the registered<br>s hereby confirmed that the change(s)<br>y company or as otherwise provided in |
| Signa   | ature of a member or authorized representative of a member   | _                                       |   | Printed or typed name of signee   |
| I here<br>provis<br>the ob<br>to mer<br>notifie | by accept the appointment as registered agent and agrious of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.                               | ce to a<br>perfor<br>1 för in<br>tereby | ect in this cap<br>mance of my<br>i Chapter 603<br>confirm that | acity. I finisher agree to comply with the  |
|   | David Roberts - Assistant Searce of Registered Agent   | cretary                                 | <i>'</i>  |   |
| Signati   | ire of Registered Agent  |   |   |   |