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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081
Phone: (307)200-2803
Fax Number: (855)330-1010

**Enter the email address for this business entity to be used for future	e
annual report mailings. Enter only one email address please.**	

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## LLC REGISTERED AGENT CHANGE CARPE DIEM SUNSHINE, 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 liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Carpe Die	em s	Sunshii	ne, LLC
2	(a)	3225 MCLEOD DR	,	ь 3225 N	MCLEOD DR
<u>-</u> .	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ '		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE 100		STE 10	00
		LAS VEGAS, NV 89121	<del>-</del>	LAS VE	GAS, NV 89121
		12/12/2017		L17000	253467
3.		Date of filing/registration in Florida	4.		Document number
5	(a)	ANDERSON REGISTERED AGENTS, INC.			
J.	(4)	Registered Agent and Registered Office shown on the records of th	ie Flori	da Dept. of Stat	e:
		12001 Research Parkway			
		Registered Office Address (MUST BE FLORIDA STREET AD	DDRE.	SS)	_
		Suite 236-K			_ = 20 20 20 20
		Orlando , FL.	3282	26	
	(b)	Registered Agents Inc.			FIL ARRY TALL AHASS
Enter name of NEW Registered Agent and/or NEW Registered			Office :	iddress:	SEE FI
		7901 4th St N			D STATE -
		NEW Registered Office Address:			
		STE 300			
		St. PetersburgFL	3370	)2	_
the ag wa the	e cha ent s as/w e art	simited 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 limited liability.	the reality for the land the l	gistered offic company, it imited liabili	is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
		nture of a member or authorized representative of a member		and the aleta	Printed or typed name of signee
pr th to	ovis e ob mer	by accept the appointment as registered agent and agra- tions of all statutes relative to the proper and complete ligations of my position as registered agent as provided selv reflect a change in the registered office address. I had in writing of this change.  Bill Havre - Assistant	perjoi I for it tereby	mance of my a Chapter 60 confirm tha	' mniet ana i am minum win and attent

Signature of Registered Agent