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From:

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Account Number : I20090000081 Phone

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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

!. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b	М	ailing address of limite (Note: MAYBE POS	•	
	7901 4th St N STE 300		7901 4th	n SUN STE 30	00	
	St. Petersburg FL 33702		St. Peters	sburg FL 33702	_	
	04/12/2018		L180000	92435		
٠.	Date of filing/registration in Florida	4.	1	Document number		
5. (a)	UNITED STATES CORPORATION AGE	NTS, INC.				
'. (a)	Registered Agent and Registered Office shown on the record	ls of the Florida	Dept, of State:			
	13302 WINDING OAK COURT					
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS	2			
	SUITE A				_	
	TAMPA	, _{FL} 33612	2		SEC	7019 APR
(b)	Registered Agents Inc.					PR -
(0)	Enter name of NEW Registered Agent and/or NEW Regist	iered Office ad	dress:			— E
	7901 4th St N					AH II: 04
	NEW Registered Office Address:					9
	STE 300				Ţ., •	*

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Rihu Pak	Riley Park
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position are gistered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Ell Name Bill Havre Assistant Secretary

Signature of Registered Agent