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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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To: 18506176383 From: 14693173436 Date: 12/16/20 Time: 12:40 PM Page: 02/02

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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:							
2. (a)	, , ,		b)					
2. (u)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	`	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)					
	1311 N Westshore Blvd. Suite 200		1311 N V	Vestshore Blvd, Suit	e 200			
	TAMPA, FL 33607		TAMPA, FL 33607					
	04/30/2018		L1800010	08386				
3.	Date of filing/registration in Florida	.		Document numb	CT.			
	·							
5. (a)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	of the Florid	a Dept of Sta	ate				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES			<i>*</i> ~	2(
	1201 HAYS STREET	<u> </u>			<u> </u>	2020 DEC 16		
	TALLAHASSEE, I	FL_32301_		_	Mină	9 3	Lern. emm	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address LEGALING CORPORATE SERVICES INC.			_	20 DEC 16 AM 10: 41			
	NEW Registered Office Address							
	5237 SUMMERLIN COMMONS BLVD, SUITE 400							
	FORT MYERS	FL						
change agent v	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	laws of th he registe liability e s of the li	red office a ompany, it nited liabil	ind the business of is hereby confirm ity company or as	nce or	the cha	isterea inge(s)	
	arius Desisto	An	tarius Desis	to, Manager				
_	iture of a member or authorized representative of a member			Printed or typed na				
provis the obt to mer	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	igree to ac te perforn ded for in I hereby c	et in this ca nance of my Chapter 60 confirm tha	pacity. I further a y duties, and I am 95, F.S. Or, if this it the limited liabil.	gree to familia docum ity com	comply r with chent is b pany he	y with the and accept being filed as been	
Signati	are of Registered Agent			(((H20000429	5313)))		