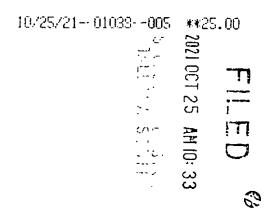
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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C. BRUMBLEY

SPECIAL INSTRUCTIONS:

PLEASE RETURN:

PLEASE CALL (800)533-7272 ATTN: TO CONFIRM FILING RESULTS

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET (800)533-7272

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

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				
	4320 DEERWOOD LAKE PARKWAY #101-121	4320	DEERWOOD			
	JACKSONVILLE, FL 32216	JA	ACKSONVILL	E, FI.	32216	
	05/23/2018		<u>[1</u>]	80001	28735	
3.	Date of filing/registration in Florida 4.		Documer	ıt numbe		
5. (a)						
J. (W)	Registered Agent and Registered Office shown on the records of the Flo	orida Dept.	of State:			
	AKEL, DANIEL D, ESQ					
	Registered Office Address (MUST BE FLORIDA STREET ADDR	ESS)				
	ONE INDEPENDENT DR STE 2301				.s	
	JACKSONVILLE ,FL_	32202		:	2021 OCT SECUL:	<u>-U</u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered Offic				25 A	·
	Enter name of NEW Registered Agent and/or NEW Registered Offic	e addre <u>ss</u> :			AMIO:	
	Rocket Lawyer Corporate Services LLC					O
	NEW Registered Office Address:		 		္ကို	
	155 Office Plaza Drive, 1st Floor		_			8
	Tallahassee FL 3230	1				
change agent was/w the art	imited liability company is not organized under the laws of a or changes are made, the Florida street address of the regis will be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of the icles of organization or the operating agreement of the limit of a member or authorized representative of a member	the State tered offi company limited li	of Florida, it is ce and the busi y, it is hereby c ability company y company.	ness offi onfirme y or as o	ice of the re d that the cl	gistered range(s)
I here provis the ob- to mer	hy accept the appointment as registered agent and agree to sons of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for ely reflect a change in the registered office address, I hereby change. Asst. Secretary Rocket Lawyer	rmance o in Chapte v confirm	f my duties, and er 605, F.S. Or, that the limited	l Lam fo if this o Lliabilit	imiliar with locument is y company	lly with the and accept being filed has been

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

Signature of Registered Agent