Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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Help

Signature of Registered Agent

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Su	ırsua bmit orida	mt to the provisions of sections 605.0 s the following statement in order t a.	0114 or 605.0116 to change its rep	gistered	office or re	he undersigned limited liab gistered agent, or both, in	ility company the State of
1.	Nar	me of the Limited Liability Company:	1112141014	,,,,,,	,		
2. (a)		55 Music Square West 2ND FLOOR		((b) 55 Music Square West 2ND FLOOR		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY RE POST OPPICE BOX)		
		Nashville, TN 37203			Nashvill	e, TN 37203	
		6/12/2018		_	L18000145219		
3.		Date of filing/registration in	Florida	4.		Document number	
5.	(a)	eResidentAgent, Inc. Registered Agent and Registered Office show	vn on the records of	the Florid	a Dept. of State	::	
		801 US HIGHWAY 1 Registered Office Address (MUST RE FLORIDA STREET ADD)			ស		2022 NOV 14
		NORTH PALM BEACH	, FL	3340	8		F (
	(b)	Capitol Corporate Services, In Enter name of NEW Registered Agent and		Office a	ldress:		AM 11: 2
		515 East Park Avenue 2nd Fl					_
		NEW Registered Office Address:		<u>.</u>			
		Tallahassee	, FI.	, 3230	1		
the ag wa th	e cha ent v is/wo e arti	imited liability company is not organiting or changes are made, the Florida vill be identical. Or, in the case of a large authorized by an affirmative vote cles of organization or the operating ansistance. Turn of a member or authorized representative	street address of Florida limited li of the members of agreement of the	the reg ability of of the lir	stered office ompany, it is nited liability	and the business office of a hereby confirmed that the company or as otherwise p	the registered change(s)
I pr	herec ovisi e obl mere tified	by accept the appointment as register ions of all statutes relative to the prop- igations of my position as registered ely reflect a change in the registered d in writing of this change.	ed agent and ago per and complete agent as provide office address, I	ree to ac perform d for in hereby c	t in this cape ance of my o Chapter 605 confirm that i	acity. I further agree to con hities, and I am familiar wi F.S. Or, if this document i the limited liability compan	aply with the th and accept is being filed y has been

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.