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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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

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LLC REGISTERED AGENT CHANGE DAVIDSON AND ASSOCIATES L.L.C.

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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.

. Na	nme of the limited liability company: Davidso	on and As	ssociates L.L.C.
. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	00/12/2010		9000145701
	06/13/2018		8000145791 Document number
	Date of filing/registration in Florida	4.	
. (a)	UNITED STATES CORPORATION		
	Registered Agent and Registered Office shown on the records	of the Florida Dept.	, of State:
	5575 S. SEMORAN BLVD	Web a fix by fix by and a	
	Registered Office Address (MUST BE FLORIDA STREE	<u>1 ADDKESS)</u>	
	SUITE 36		2022
	ORLANDO ,	FL 32822	
(b)	Registered Agents Inc.		1922 JUN -9
(17)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		AA.
	NEW Registered Office Address:		<u> </u>
	7901 4th St NSTE 300		
	St. Petersburg	_{FL} 33702	
ie cha gent v as/wa	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the case.	of the registered Hiability compars Is of the limited	d office and the business office of the registere my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
> .		Riley F	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
หายย์ย	by accept the appointment as registered agent and o ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address,	ete vertormance	-of my duties, and t am familiar with and accei

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

- Assistant Secretary

notified in writing of this change.

Signature of Registered Agent

Bill Havre