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Division of Corporations

pg 15 of 16



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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	ame of the limited liability company:			
(a)	7643 Gate Parkway St 104-56		(0)	e Parkway St 104-56
	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)			Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	JACKSONVILLE, FL 32256		JACKSO	NVILLE, FL 32256
	06/14/2018		L18000146	706
	Date of filing/registration in Florida	4,		Document number
(a)	DELLA M SELLERS			
, ,	Registered Agent and Registered Office shown on the records of			- e:
	7643 Gate Parkway St 104-56			_
	7643 Gate Parkway St 104-56 Registered Office Address <u>(MUST BE FLORIDA STREE</u>	TADDRE:	<u></u>	_
	Registered Office Address (<u>MUST BE FLORIDA STREE</u>		<u>\$\$7</u>	-
(b)	Registered Office Address <u>(MUST BE FLORIDA STREE</u>		<u>\$\$</u>	- - -
(b)	Registered Office Address (MUST BE FLORIDA STREE	L_32256		
(b)	Registered Office Address (MUST BE FLORIDA STREE JACKSONVILLE, , F Corporate Creations Network Inc.	L_32256		
(b)	Registered Office Address (MUST BE FLORIDA STREE JACKSONVILLE , I Corporate Creations Network Inc. . Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	L_32256		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

avare AI N Signature of a member or authorized representative of a member

Estrella Tavarez, Attorney-in-Fact

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 as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Catalla Tavarez Estrella Tavarez, Special Secretary Signature of Registered Agony

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